



Sept. 23.

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A faint, out-of-focus background image of a classical building, possibly a temple or a government building, featuring four prominent columns and a triangular pediment. The building is rendered in a light beige or cream color, blending with the overall tone of the page.

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MEDICAL REPORT

OF THE

HARDWICKE FEVER HOSPITAL,

FOR THE

YEAR ENDING ON THE 31st MARCH, 1818,

INCLUDING A BRIEF ACCOUNT OF AN EPIDEMIC FEVER
IN DUBLIN.

(FROM VOL. II. OF THE DUBLIN HOSPITAL REPORTS AND
COMMUNICATIONS IN MEDICINE AND SURGERY.)

BY JOHN CHEYNE, M. D. F. R. S. E. &c. &c.

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" This, however, I am convinced of from numerous careful observations, that the same method which cures in the middle of the year may possibly prove destructive at the conclusion of it ; and when I had once happily fallen upon a genuine method of treating any species of fever, suitably to its nature, I always proved successful, (proper regard being had to the constitution, age, and other particular circumstances of the patient) till that species became extinct, and a new one arose, when I was again doubtful how to proceed ; and, notwithstanding the utmost caution, could scarce ever preserve my first patients from danger, till I had thoroughly investigated the nature of the distemper, and then I proceeded in a direct and safer way to the cure."

Sydenham, sect. I. ch. 2. § 3.

AS it is my wish to enable my successors in the Hardwicke Fever Hospital to compare future Epidemics with those which I have seen, I have followed the order of time in the observations contained in these Reports. Indeed, by this order, we are likely to obtain information of the most satisfactory kind, not merely of the nature and causes of fever, but of the treatment also ; for, by confining our remarks to the existing Epidemic, we avoid one of those errors which practical men are most liable to fall into, namely, that of extending to a whole genus of fevers, rules which perhaps apply to one species only.

In the course of the year included in this Report, exclusive of the assistance which I received from some of our clinical clerks, I myself made daily reports of nearly three hundred cases of fever, and I also superintended many of the dissections which are annexed to this paper: my opportunities of observation were considerable, and I was not neglectful of them. The reader, however, is advertised, that while I have been anxious to note every thing worthy of remark, I affect to be nothing more than a reporter. I leave the higher office of arranging and systematizing to others.

The year 1817 was a very unproductive one. Although the seasons were rather more propitious to the husbandman than in 1816, the prevailing character of the weather was similar, for in both years there fell an immensity of rain, the atmosphere being cloudy and cold. In 1817 there probably fell nearly as much rain as during the corresponding months of the preceding year; but then, although there was not much difference of atmospheric temperature, the evaporation in 1817 was considerably greater. In short, in the year 1817, as in 1816, the order of the seasons was inverted, the winters in both being remarkably mild and open, the springs ungenial, and the summers wet, cloudy and cold, and in both years there was but little employment for the poor, while at the same time provisions and fuel were scarce and of bad quality. In the three first months of 1818, particularly January and March, there was much stormy and wet weather. In March there were great

floods and inundations of low grounds, so that tillage and spring-work were at a stand.

In a Report which was published in the first volume of this work, p. 50, I have described three species of fever which I observed in the Hardwicke Hospital in the month of February. The first, the fever which had filled our wards during the preceding winter. The second, a variety of fever, of all the forms of that disease which I have as yet seen in the Hardwicke Hospital, alone corresponding with the conception I have of Typhus. There were not more than ten or a dozen cases of this species of fever, nor am I quite certain that these were really instances of Typhus. I confess that I never saw Typhus epidemic, save in the military hospitals in the South of England, where I chanced to be at the time when Sir John Moore's army landed from Corunna. Thirdly, the fever, which became the epidemic of the summer, which was remarkably prevalent all over Ireland. It is stated (p. 51) that the second kind of fever seemed gaining upon the third ; a remark, which proved incorrect, into which I was betrayed, by observing the third description of fever frequently attended with petechiæ and dejection of spirits, at the same time that convalescence was tedious, and relapses more than usually frequent. This epidemic I shall now proceed to describe.

In many of the patients the fever seemed to arise from contagion, at least it was not easy, in any other

way, to account for the number of individuals belonging to the same family who were brought into the Hospital about the same time, or in immediate succession : it was by no means uncommon to have in our wards, at once, three, four or five patients from the same house. Between the beginning of April and end of August there were twenty-two or twenty-three houses, or perhaps more properly speaking, lodgings, in different parts of the city, which yielded from two to six patients each. Many of the patients who came into my wards from these suspected lodgings, ascribed their illness to hardships, which probably were only the occasional causes of their fever ; for many, who, perhaps the day before seizure, were exposed to cold, wet, fatigue, &c. had, during a season of unparalleled distress, been scantily fed and clothed, had laboured under great depression of mind, and had been in contact, or close approximation, for days or weeks, with persons affected with fever.

Some patients felt an unaccountable dejection of spirits for several days before seizure ; some continued at work or labour for several days after their illness began in the shape of a headach, which frequently intermitted ; in a few the disease began with intense headach without rigor, the patients being, as they said, at once knocked down ; some referred their illness to catarrh or indigestion, and had no suspicion, for the first three or four days, that they laboured under a fever ; but, generally speaking, there was nothing unusual in the commencement of the dis-

ease. There were rigors, confined bowels, anorexia, headache, sometimes vertigo, dryness of the nostrils, severe pains in the loins and back, and debility ; and these symptoms were soon followed by increase of temperature, a degree of fullness of the features, and flushing of the face, which last, was an universal symptom, with all who were admitted within the first week or ten days of their illness. The tongue, in the beginning of the fever, was generally white or grey, slightly swoln, with florid edges ; a foul taste was frequently complained of, and several declared that the smell of their own breath was insufferable—a symptom which, I believe, arose from a vitiated state of the secretion from the fauces. Costiveness existed in a great majority of the patients who had not taken any cathartic before their admission.

Symptoms of pulmonic irritation usually set in early. During the months of April, May, and June, of twenty patients who were admitted on or before the fourth day of fever, sixteen had cough, with pain and oppression of the chest, and quickened respiration ;—three of these had expectoration of bloody mucus. Of one hundred and seventy five patients who were admitted into wards 1 and 4 during these three months, at least three fourths had cough with pains or stitch, oppression in the chest, and quickened respiration. In many of these there was expectoration of bloody mucus. Of one hundred and fourteen patients who were admitted in the months of July and August, nearly one half were similarly affected.

In the severe cases, about the end of the first week or beginning of the second, rarely sooner, the patients' minds became unsteady, their eyes were suffused ; this symptom, at one time, was very general : in five patients of fourteen who were in No. 1. on the 16th of June, there was suffusion of the eyes, and six more had been so affected, but were recovering ; then delirium took place during the night. At all times such patients were incapable of any stretch of attention ; they answered questions satisfactorily, though with a faltering voice, but soon wandered from the subject. In many cases the delirium was of a very troublesome kind ; first it was only occasional, then it continued all night, then it was uninterrupted. We had many patients who created great disturbance by wandering about the wards all night, prying into the closets, and looking under the beds. Some of these were full of their usual occupations : one man, by trade a cooper, endeavoured to pull his bed to pieces, in order to make a tub of the spars. In several who were habitually spirit drinkers, and who, in the commencement of their illness, by means of cordial drinks, had forced themselves to sweat, the delirium appeared very early.

The state of restless delirium above described, as belonging to the more severe cases, sooner or later degenerated into sopor, often with subsultus tendi-
num and inability to protrude the tongue, which very awkwardly obeyed the will of the patient : he

would open his mouth, and after various unsteady motions, at length force out his tongue, and when this was accomplished it was not again drawn within the mouth until he was repeatedly admonished to that effect ; and when he attempted to lay hold of any thing, he either overshot the object, or he was short of the mark. After continuing in a soporose state, with partial intermissions for a longer or shorter time, generally for two or three days, the bowels being soluble all the while, sleep became calm and natural, with considerable intervals of waking during the day. About the period at which delirium set in, the tongue had often a dark yellow or brown stripe in the middle, the edges being clean and thinly covered with white mucus. In two or three days more it was black, shrivelled, and, as it were, dried up, the gums and lips being sordid and black from incrusted mucus. As the soporose state went off, the blackness and dryness of the tongue went off also, leaving that organ in a more natural condition, more expanded, and again white with florid edges, and moist from a return of secretion, which was sometimes copious. The expression of the patient daily improved. The temperature gradually approached the point of health, the flushing subsided and the inflammation of the eyes, also the complexion became clearer as well as paler, and the eye more expressive. After some of the very severe cases, the pupil for a time continued dilated, and a considerable degree of the deafness, which took place about the height of the disease, remained, and the pulse fell below its natural frequency. The patient

turned upon his side, and about the end of the second week, in many cases, began to attend to external circumstances, and to call for food ; but when the fever was severe, these favourable changes did not take place before the end of the third week. The pulse, in general, was more or less frequent according to the severity or mildness of the disease ; but there were several alarming cases in which it never exceeded 80. In the evening, and early part of the night, the distress of the patient was in general greatest.

Perhaps it is scarce worth observing, that the flies in great numbers settled on the beds and faces of those patients who were most severely affected with the fever, even when they were extremely restless ; as they recovered they seemed to lose their attraction for the flies.

When delirium set in, the symptoms of pulmonic irritation often abated, and the headach also ; and when reason was restored, in some few patients, the pulmonic affection recurred. After crisis an attack of cough, difficult expectoration, and dyspnœa, occasionally retarded the patient's recovery. Amend-
ment was oftentimes gradual, without any crisis but by stool, unless sleep could be counted critical ; and, in a few, recovery was far advanced, and the patient in the convalescent ward before free perspiration, which was often preceded by rigor, perfected the solution of the disease. In two instances, crisis in this way took place at the end of the fourth week ; hence as

relapses not unfrequently occurred, the rigor of solution was liable to be mistaken for the rigor of relapse. The urine, which was examined in a good many instances, was turbid with a furfuraceous sediment. In certain cases, however, it was transparent, with a light cloud suspended in it. In twelve or fourteen days after crisis the patients were fit to be discharged, and they generally resumed their labour before the end of the third week.

These patients who on the first or second day had very violent symptoms—great quickness of the pulse, 130 or more, great flushing and heat of the surface, much anxiety and general distress, frequently obtained a perfect crisis on the third day. Persons under twenty-five years of age had the disease mildly, while it was fatal to persons advanced in life, to those who were prone to the use of fermented liquors, and to fathers of large families, whose minds, of course, were a prey to great anxiety when they discovered that they were affected with fever.

It was remarked to me in the month of July, by Dr. Egan, that he never had seen so many instances of petechial fevers as during the summer of 1817; and my experience in the Hardwicke Hospital concurred with his. In the latter end of the summer, there were petechiæ in almost every case which extended beyond the first week. Although, at one time, the petechiæ seemed to have some connexion with the heat of the patient's body, we eventually discovered that this in fact was not so, nor had they

any relation to the temperature of the surrounding medium: they were no part of a heating regimen, for petechiæ were abundant in persons who had slept in outhouses, or in the fields, for several nights before they were taken into the hospital. Indeed however favorable, among the poor, opinion might be to the heating regimen in fever, a great many of the patients were so reduced in their circumstances, that literally they had not a blanket to cover them. In such persons petechiæ were often abundant. Petechiæ in the advanced stage of fever, which are a formidable symptom, secondary petechiæ, as they have been termed, sometimes appeared while the patients lay under only one blanket, and while every sash in the ward was let down. There was an eruption of this kind in Hanlon (No. 539), and by the way the thermometer rose only to 95° in Hanlon's month, and axilla two days before his death, and when he was covered with petechiæ. The dun diffused petechiæ were in general a part of a severe disease; when the sensorium was much affected, they were seldom absent. The temperature of the body was in general high; in the months of March, April, May, June, July and August, the temperature was ascertained in 250 cases on the day of admission, and the following was the result:

97	98°	99-	100°	101°	102°	103°	104°	105°	106	107°	108°	109°
1	12	11	59	14	37	19	57	24	12	5	0	1

The following Tables will show the state of the respiration and the pulse during the same period:

Frequency of the Respiration in 171 cases.

20	22	24	26	28	30	32	34	36	38	40	44	48	52	56	60
2	4	27	10	27	14	40	7	12	6	12	6	1	1	1	1

Frequency of the pulse in 237 cases.

52	56	60	64	68	70	72	74	76	78	80	82	84			
1	1	1	2	2	4	7	3	5	1	19	1	5			

86	88	90	92	94	96	100	102	104	106	108	110	112			
1	11	2	5	4	11	20	2	17	3	15	4	13			

114	116	120	124	128	130	132	136	138	140	144	158	180			
1	9	31	5	8	5	7	3	1	2	2	1	2			

The following table is the result of an examination of all the cases in which the thermometer rose above 104°. In most of these cases, after the height of the fever, the temperature was gradually reduced, the thermometer falling from 105° or 106 to 100, and then crisis taking place further reduced the thermometer to 98.

List of Patients admitted from the 3d of March to the 3d of September in whom the temperature exceeded 104 degrees.

Admission, Date of sick.	No. of days sick.	Name.	P. T.	Petechiae.	Predominant Symptom.	Day of crisis.	Cause Produc-	Blood- letting.	Termination.	Remarks.
Mar. 14	8	Margt. Matthews	126	36	Dun Petechiae	105	Severe Cough	Cold.	Recovery	
	5	Richard Molloy	110	22	Florid Petechiae	105	Severe Cough and headache	V. S. Leeches	Do.	
20	4	Jos. Bell	129	22	Florid	105	Nausea, vomiting, and headache	Do.	Do.	
27	5	Anne Byrne	126	26	Florid	106	Oppression at chest & headache	Do.	Do.	
28	10	Mary Byrne	121	24	Florid	106	Cough and headache	Arteriotomy	Do.	
	9	Brigget Byrne	136	30	Measly Effores.	106	Diffusion of eyes, deafness	V. S. Leeches	Do.	
April 4	5	Fett'r Russell	103	24	Dun Petechiae	106	Cough and headache	Do.	Do.	
11	5	James Daly	109	36	Florid Petechiae	106	Severe headache	Do.	Do.	
14	8	Eleanor Daly	116	32	Florid	107	Headache and delirium	Do.	Do.	
22	7	Mary Murphy	106	24	Florid	106	Dry Cough	Fatigue	Death	
May 16	6	James Gough	104	32	Florid	106	Headache and delirium	Contag.	Recovery	
June 21	5	Js. Fitzpatrick	120	56	Florid	105	Eptic. pain, cough, & flushed eyes	Contag.	V. S. 3cc.	
	13	Esther Morris	105		Petechiae	105	Severe headache	V. S.	V. S.	
30	13	Esther McKenna	120	36	Dun Petechiae	105	Cough and severe headache	Do.	Do.	
July 3	6	John Gibney	120	28	Dun Petechiae	105	Epig. tend. cough & headache	Do.	Do.	
11	11	Mary Woods	104		Dun Petechiae	105	Severe headache, flushed eyes	Do.	Do.	
13	6	Daniel Quinn	100	24	Dun Petechiae	105	Violent headache	Do.	Do.	
15	9	John Thomson	132	32	Dun Petechiae	105	Epigastric tenderness	Do.	Do.	
23	2	Pat. Doherty	105		Dun Petechiae	105	Epigastric tenderness	Do.	Do.	
31	5	Mary Jorden	112		Dun Petechiae	105	Severe headache	Do.	Do.	
	5	Christ. Collins	120	105	Dun Petechiae	105	Epigastric tenderness	V. S.	V. S.	
	4	And. Delany	108		Dun Petechiae	105	Severe cough and headache	V. S.	V. S.	
6	7	Peter Roe	120	105	Dun Petechiae	105	Severe cough and headache	Do.	Do.	
	6	John Brazil	120		Dun Petechiae	105	Sickness and diarrhoea	Contag.	Contag.	
7	10	Thomas Connell	140		Dun Petechiae	105	Epig. tenderness and headache	Contag.	Contag.	
10	6	Matt. Brazil	106	28	Dun Petechiae	106	Epig. tend. & headache	Contag.	Contag.	
11	5	Mary Spener	106		Dun Petechiae	104	Do. and cough.	Contag.	Contag.	
11	9	Mary Armstrong	120	105	Dun Petechiae	105	Do. do.	Contag.	Contag.	
19	12	Pat. Quinn	101	30	Dun Petechiae	107	Do. do.	V. S. Leeches	V. S. Leeches	
21	12	And. Higgins	108	30	Dun Petechiae	107	Oppressed chest, cough, debility	Do.	Do.	
21	10	Mary Walsh	132		Dun Petechiae	105	Epig. tend. cough, & headache	V. S.	V. S.	
25	4	Anne Tiernan	109		Dun Petechiae	105	Epig. tend. severe headache	V. S.	V. S.	
25	5	Jud. O'Donnell	105		Dun Petechiae	105	Epig. tender, headache, cough	Do.	Do.	
26	6	Thos. Fleming	105		Dun Petechiae	105	Epig. tenderness, delirium	Do.	Do.	
27	11	Mary Tyrell	106		Dun Petechiae	106	Epig. tenderness, cough	Do.	Do.	
Sept. 1	7	Michael Read	104	28	Dun Petechiae	105	Headache and debility	Contag.	V. S.	
2	14	Francis Reilly	104	36	Dun Petechiae	105	Cough and headache	Contag.	V. S.	
2	5	Mary Carroll	105		Dun Petechiae	105	Epig. tend. cough, stitch, h.ach	Contag.	V. S. 3cc.	
3	8	John McNulty	112	36	Dun Petechiae	105	Epig. tend. cough, stitch, h.ach	Contag.	V. S. 3cc.	

Great Flushing

It appears from this table, first, That there were as many instances of excess of temperature during the month of August and first week of September, while epigastric tenderness predominated, as during the months of March, April, May, June and July, while the affection of the lungs was the predominant symptom of the early period of fever. Secondly, That when excess of temperature took place, the circulation was generally, but not always, proportionately quickened : thus in thirty-two cases of the foregoing forty, in which the pulse was counted, there were nine patients in whom it did not exceed 104, which was about the average frequency of the pulse on the day of admission during the summer. Thirdly, That respiration was even less affected during the existence of excess of temperature than the circulation: in twenty-two cases of forty, the frequency of the breathing was ascertained ; and in thirteen of these cases it did not exceed 30 in the minute, the average frequency of respiration being about 30. Fourthly, That in forty patients, in whom the temperature exceeded 104, there was only one death. In order to give this remark its proper value, it ought to be observed, that, between the third of March and the third of September, thirteen persons died of the fever in wards 1 and 4, out of two hundred and fifty, in whom the temperature was ascertained on the day of admission, and from the following statement it will appear that in a majority of these fatal cases the temperature did not exceed 100°.

0	at 97° being 0 in	1	7 deaths in 83 patients,
3	98°	3	
1	99°	1	or 1 in 12 nearly.
3	100°	3	
0	101°	0	5 in 127,
1	102°	1	
2	103°	2	or 1 in 25.
2	104°	2	
0	105°	0	1 in 40.
1	106°	1	
0	107°	0	
0	109°	0	
		1	

Although a considerable number of the patients in whom the temperature exceeded 104° were from houses which we supposed infected, yet 105°, 106°, or 107° frequently formed a symptom of a disease which was not alarming. Indeed, from the foregoing table, it would appear that excess of temperature was rather a favourable symptom. It was not uncommon to find the thermometer gradually rising from 98° or 99° to 102° or 103° or even higher, while the severity of the disease was abating, and on the other hand we frequently observed the temperature declining while the patient was getting worse ; thus the patient was often in great danger when the temperature of the body did not exceed 98°. In some instances, for a day or two before death, the mercury did not rise above 96° or 95°. Indeed, in severe cases, after the temperature fell to par, or below it, and that without any critical effort, we considered its rising again as a favourable change.

Venesection sometimes lowered the temperature ; frequently it produced no change, and in several instances the thermometer rose two or three degrees after blood-letting, even when that measure greatly relieved the patient. It is clear that venesection was not contraindicated by excess of temperature alone, since, in nineteen patients of a temperature which raised the thermometer above 104°, in whom blood-letting was practised, there was no instance of death.

In examining the disordered state of the vital functions during the summer of 1817, with a view to the prognostics of continued fever, we derived more information from the state of the breathing than from the pulse, and more from the pulse than from the temperature of the body.

Among such patients as were admitted early, and were treated upon a strictly antiphlogistic plan, there were many instances of crisis on the third or fourth day, the disease appearing as a febricula, or perhaps rather as an extended ephemera ; and these specimens of mild fever occurred even among those who came from houses which afforded us instances of the disease in its worst form : the disease, however, was fatal, in a large proportion, among such as came from houses which we supposed were infected, and in these persons relapses were very frequent. On the other hand, in many who denied having had any communication with patients in fever, the disease was attended with severe symptoms, and ran the usual course. In a word, the fevers which we supposed arose from

contagion, and those which seemed to originate in intemperance, cold, fatigue, &c. in which we could discover no trace of contagion, were so shaded into each other, that it was impossible, by their symptoms, to demonstrate any difference between them.

We had many opportunities of observing that copious perspiration, in the early period of the fever, when artificially produced by warm or cordial drinks, accumulation of bed-clothes, &c. was insufficient to reduce the temperature ; the disease continued with aggravated symptoms, and apparently in consequence of this mode of treatment. In the month of August, perspiration, in the advanced period of the disease, even when not produced by any sudorific, did not always remove the disease until it had recurred several times ; and I have more than once seen the thermometer, in the axilla and mouth of a patient who was bathed in sweat, raised to 104 or 105. During the winter, in some cases which proved fatal, the patients perspired freely for several days before death, but the perspiration did not reduce the pulse, nor did the functions of the brain improve under it. In one of these fatal cases there was a very copious sediment in the urine on the day before the patient died.

In April and the beginning of May, the fever generally terminated in a lax state of the bowels and sleep, and then perspiration preceded by rigor, frequently resolved the fever. Margaret Kearney, admitted on the 6th day of May, was the first patient who obtained crisis by rigor and perspiration, which

took place on the 12th of that month, and there were twenty instances of crisis by sweat following a rigor, among fifty-nine patients admitted, in the month of May, after Kearney; yet I have good reason to think that this form of crisis had not taken place once in several hundred patients admitted into the Hospital before Kearney. The most perfect crisis, during the summer months, consisted of three stages: First, a state of restlessness and anxiety, with flushing of the face, rapid pulse, frequent laborious breathing, and increased heat of the surface, with great distress at the pit of the stomach from heat, tenderness or pain; which distress was not unfrequently relieved by vomiting. The patients were in a state of universal uneasiness, which would have been truly alarming had we not known its tendency; but this state is well understood, even by the servants of a Fever Hospital, who soon come to know, by these symptoms, that the patient is near "the cool." This state sometimes lasted for the greater part of a day, during which time one of our experienced nurses, who was fond of figurative language, would generally remark that "the cool was hovering round" the patient. Secondly, a rigor or tremor, not unlike the cold fit of an ague: the patient shivered and complained of excessive cold. I never, save in two instances, was able to measure the temperature during the rigor of crisis, and in both patients the thermometer stood at 105 degrees, even while the patient was shivering and complaining of excessive cold, and anxious for an additional blanket. In one of these patients, the thermometer in the evening stood at 100, although the rigor was no

followed by sensible perspiration. Next morning the thermometer stood at 97; the tongue was clean, the pulse 88, and the patient convalescent. The rigor of crisis seldom lasts long; perhaps only a few minutes, perhaps half an hour or an hour. Thirdly, warm perspiration flowing from the whole surface of the body; this, which in general completed the salutary effort, the nurses, in the Hardwicke Hospital, call “the cool” being aware of its efficacy in reducing the heat of the body.

I may perhaps be thought tedious, but I must trespass on the reader’s patience while I enumerate some other modes of crisis which took place. This is so important a part of the subject, that the history of the epidemic under review would be incomplete without it. In some patients the fever seemed to end in mucous diarrhoea; in others free expectoration took place, with relief; in one or two individuals salivation occurred as the disease was ending favourably: these patients, it is true, had taken the calomel bolus, but their gums were not tumid as in mercurial salivation. Rigor was sometimes critical, even when not followed by sweat. In some instances perspiration, with or without rigor, continuing for a short time, took place; other patients perspired for two or three days, with little or no interruption; in either case perfect crisis was generally the consequence. But the effort at crisis by perspiration was not always effectual till it was repeated several times on successive days, or successive critical days. In the middle of August this was especially observable; several per-

sons perspired freely without relief, and without abatement of febrile heat. In a patient in No. 4, the temperature was 105° , while she was in a general and profuse sweat. Epistaxis, in one or two instances, mitigated the severity of the disease ; but I do not recollect any instance in which it afforded complete relief. While on the subject of imperfect crisis, I have to observe, that an individual (M. Farrell) was, on the 9th day of his fever, in a state of great debility, with involuntary stools, great dejection of spirits, shedding of tears, despairing of recovery ; in the course of the night there took place an eruption of florid papulæ, interspersed with vermillion stigmata ; next day (the 10th day of fever) he was relieved ; he slept much, and in the evening of the 11th he had a rigor followed by perspiration, which proved critical. One patient had a rigor on the 14th day, not followed by perspiration nor complete relief ; but, on the 17th day, complete relief took place without rigor or perspiration : on that day, however, the urine was turbid, and threw down a furfuraceous sediment. Rigor and perspiration sometimes took place on one critical day, and tormina and mucous bloody stools on the next. In Mary Gibney, continued sleep took place on the 21st day, perspiration on the 24th, and suppuration of the ear, followed by perfect relief on the 27th. Finally, in many cases, I could not discover any critical effort, the disease gradually terminated, as some of the older authors have remarked, by "insensible resolution."

Relapses did not take place in more than one case

in thirty, unless we consider as of the nature relapses, inflammations of the lungs, or of the mucous membrane of the intestines, both of which sometimes occurred after crisis.

The fever sometimes attacked an individual in whom organic disease had previously existed, in which case considerable irregularity was observable. In two patients who had laboured under disease of the heart, the fever was attended with dyspnœa, distressing cough, pains in the region of the heart, great general debility. In one of these patients the pulse was so irregular and unequal that it could not be counted ; while in the other, the pulsation of the heart was strong, might be felt in any part of the left side of the chest, and might be seen in the epigastrium, and the cough was attended with bloody expectoration. When the disease occurred in those who had previously laboured under pulmonic complaints, the flushing of the countenance was circumscribed, the voice was sepulchral, the fever seemed a hectic without perspirations or remissions. When it attacked a person who had laboured under dysentery, mucous or bloody stools appeared during its progress, along with rapid emaciation and a pale rakish look. In one patient, in whose body we discovered a liver beset with brown tubercles, the fever at an early period became icteroid ; and here I would observe, that many instances of fever, which physicians of the school of Pinel would call atactic, have appeared to me to depend on some peculiarity in the constitution of the patient. I am persuaded that the

chief irregularities which we observed, during the present epidemic, were owing to the diathesis of the individuals in whom they occurred. In some women there were striking symptoms of hysteria; in one or two atrabilious persons the disease set in like an attack of melancholia. In the sanguine it wore the semblance of Pneumonia or Phrenitis, and in dram-drinkers that of Delirium tremens. The disease was essentially the same species of fever which was prevalent at the period that these anomalies were remarked, and required only time for its full development. I shall illustrate the foregoing remarks by relating some cases of the fever attended in the beginning with anomalous symptoms.

I. In the months of April and May; in two females, hysterical symptoms, for a time, masked the true nature of the fever. One of these patients, a servant in a respectable family, was visited by an eminent physician, who at first thought she laboured under hysteria. On the 5th day of her illness he was requested to visit her a second time, to sanction her removal to a public lunatic asylum, but the disease had developed itself, and he ordered a purgative for her, and desired that she should be sent in the morning to the Hardwicke Fever Hospital. She was brought into my ward on the 25th of April. During the preceding night, she had passed many loose stools involuntarily. She was no longer capable of explaining her situation. Her eyes were suffused, their motions being languid, and she was covered with florid petechiæ. Temp. 104, P. 144, Resp. 36.

(head shaved and sponged, temporal artery opened, legs fomented.)—On the 26th her respiration was wheezing and laborious by paroxysms ; no stool—(calomel bolus, blisters to the legs.)—On the 27th, less suffusion of the eyes, extreme debility (wine, carbonate of ammonia.) She died on the 28th, being the 9th day of her illness.

The 2d patient I first saw in her own lodging on the 2d of May. She was then in a maniacal paroxysm, babbling with great rapidity of utterance :—her expression was that of suspicion and alarm,—her pulse was very rapid, and her skin moist. I was told that, along with febrile symptoms of two or three days duration, she had complained, on the 31st of March, of some uneasiness in her throat, which I was inclined to think was hysterical rather than inflammatory ; for this she was let blood. Next day her skin was covered with petechiæ, and she laboured under what appeared to be hysteria, with considerable aberration of mind. I could not have admitted this woman into my wards, without subjecting the other patients to serious disturbance, so violent was her delirium. Her legs were fomented, and a draught, consisting of camphor mixture, and camphorated tincture of opium was administered, after which she went to sleep, and awoke calm and coherent, and next day I ordered her to be removed into one of my wards. On the 4th and 5th she lay in a state of stupor ;—supine ; her pulse upwards of 120—her countenance flushed, passing stools under her in the bed. On the 6th, 7th and 8th, she was delirious in the morning—wandering about the ward ; and in a state of sopor in the even-

ing. On the 11th day of her sickness she fell into natural sleep, and from that period her illness gradually abated, her belly being loose. The medicines she used were moderate opiates with camphor, blisters, fomentations to the feet, and cold applications to the head, and mild purgatives. During her illness two of her children were admitted into my wards with petechial fevers.

II. A patient, of a strongly marked melancholic temperament who was admitted on the 5th of May, had attempted to cut his throat during the horrors of a fit of insanity, with which he was affected in the early part of his fever. On his admission he was inaccessible to every intreaty which was used to induce him to show us his tongue, or to take medicines ; he lay in a state of sullen indifference for two or three days, with flushed and dusky complexion, from which state he gradually recovered about the end of the 2d week of his illness, without any evident critical effort but a loose belly with sleep. Arteriotomy was twice practised, and leeches were applied—Calomel in pretty large doses was given, followed by turpentine glysters. About the 16th day of his illness, wine was ordered. He recovered his strength very slowly.

III. On the 24th of February William Brennan, æt. 25, was admitted into the hospital in petechial fever, with cough and expectoration of mucus tinged with blood.—Crisis on the 14th day. On the 2d of April, And. Tallan, æt. 25, was admitted on the 6th

day of petechial fever, with oppression of the chest, dry cough and delirium.—Crisis at the end of the 3d week. On the 24th April, Robert Short, aet. 22, was admitted on the 6th day of fever. These were three of four young men, draymen, who slept in the same room ; the fourth was conveyed in fever to another hospital in the month of March, and his comrades related of him, that during the fever, he was seized with a fit, which ended in apparent death, and removal to the dead room of the hospital, in the early part of the night, and that the porter who conveyed him thither, in going his rounds in the morning, was dismayed not a little at finding the supposed corpse seated on his breech in a corner, wildly staring him in the face as he entered the apartment. Short was a man of a sanguine temperament and gigantic height and strength, who, when he was admitted into the hospital, was in great agony with a stitch under the left nipple. He had an anxious, flushed, swollen countenance, with general soreness of the muscles of the chest from incessant coughing. (Temperature 104°.) Before his admission, probably by means of warm cordial drinks, he had three or four times forced himself to perspire. Although I have long been accustomed to witness all kinds of misery, yet I could not help being moved with the agony of this young man's look when I was leaving his bedside, and his impatience of suffering, as he rose up in bed to demand if nothing were to be done for the immediate relief of his chest. As his tongue was coated with yellowish mucus, a calomel bolus was prescribed, and a purgative mixture, and he was let blood with-

out delay. The crassamentum was covered with a thick layer of size. In the course of the night he became delirious, wandered about the ward, and sought to make his escape. Next morning I found him sitting up, gay and jocose—incoherent—but making many humorous remarks with a comic expression of countenance. I ventured, however, to make an unfavourable prognostic to one of my colleagues, as I was requesting his assistance. For, although the patient did not cough nor complain of his side, his respiration, from being only 24, had increased to 40 in the minute; his pulse was 140, and there was a greasy moisture of his skin, and some tremor of his hands; and I could not be ignorant of the danger which, in febrile diseases, belongs to sudden cessation of distress in the lungs, while at the same time disease takes possession of the brain. We ordered the temporal artery to be opened, and directed medicine for him, but in vain; no sooner did he taste any thing medicinal than he spurted it from his mouth, and he would not submit to be bled. About eight o'clock the apothecary gave him 25 drops of laudanum in a little milk, which was the last and only thing he would swallow. He became so troublesome by his continued efforts to leave the hospital, that I was obliged, when I saw him in the evening, to have beadle from the House of Industry to restrain him. About midnight he was seized with convulsions, and shortly after he died. On DISSECTION the vessels of the scalp bled very freely. The pia mater, considerably inflamed, was, in many parts, of a bright red colour; the inflammation was most extensive on

the inferior surface of the brain. The texture of the brain was remarkably firm, and on being divided, it was plain that vessels contained blood which do not usually contain it. There was no fluid in the ventricles. The entire pleura of the left side was coated with a thick covering of coagulable lymph. The vascularity of the lung was much increased, its concave surface was closely adherent to the left side of the pericardium by a thick layer of coagulable lymph; the inflammation had extended to the serous layer of the pericardium, which was of a pale rose colour. There was no fluid in the pericardium. A very large quantity of reddish sero-purulent fluid was contained in the left side of the thorax. The liver, &c. was sound.

I shall conclude the descriptive part of the subject by adverting to two cases which are well deserving of attention, illustrative of accidents which are apt to occur in a Fever Hospital; and which when the fever is petechial and typhoid, the physician ought to guard against with unceasing care. The first of these cases impeaches my own vigilance, but it is not, on that account, to be kept back. The second has been a very rare occurrence in our hospital. Several years before I was appointed a physician to the House of Industry, while remarking to Mr. Todd, one of the surgeons to that Institution, a state of discipline in the Hardwicke Hospital, highly creditable to the physicians my predecessors, I learned that gangrenous backs and legs scarce ever were known in that building. This exemption Mr. Todd ascribed to the

large wards, excellent ventilation of the hospital, and unceasing attention which was paid to the sick.

I. On the 8th of June a patient was admitted from another hospital, in which he had lain for two months, under surgical treatment, for concussion of the brain. His mind was in a state of the utmost confusion, he had lost all distinct perception of the relations of things ; and it was to be feared that he would become idiotic, for he was getting daily worse, when symptoms of general fever took place. On the 10th day of his fever he became a patient of mine. He was incoherent, his tongue was covered with a thick layer of white mucus, the edges being of a flesh red ; he was flushed, and there was a marbling on his skin like fading petechiæ ; he had a loose cough, and though his pulse was quick, the temperature of his body was not high. Leeches and cold applications to the head, fomentations to the legs, and a blister to the nucha, were applied, and mild mercurials with ipecacuanha were given. On the 14th of June he was quite unmanageable, from the disturbed state of his mind, and he was much flushed. About this time he passed his urine and stools in bed. In this condition he continued until the 20th, becoming weaker daily. He had become refractory, had refused to allow the temporal artery to be opened, or to take medicine ; and I must admit that sufficient attention was not paid to his case, which appeared to be nearly hopeless. On the evening of the 20th, some inflammation was discovered by the nurse in the right side of the belly.

Next day I discovered a considerable extent of inflammation in the right iliac region, which crepitating under the fingers, resembled a large anthrax ; a point of inflammation was also observable in the upper part of the left groin ; this led to an examination of the scrotum, the lower part of which was in a state of slough to the extent of half-a-crown. These appearances but too plainly belonged to an extensive urinary abcess, which had arisen probably from an overdistended bladder. The further progress of this case need not be detailed. The patient died on the 27th of June, in a miserable way ; for no sooner was a dressing applied than he tore it off. Indeed he was consistent in no part of his conduct but in his efforts to baffle every endeavour which was made to save his life.

For an occurrence such as this, the physician and not the nurse is accountable. It is a rule, not to be dispensed with, when involuntary discharges of urine take place in the advanced stages of fevers, frequently to examine over the pubes, so that the catheter may be introduced when any fullness is detected in the hypogastric region. Had this rule been adhered to in the present instance, the termination of the case would have been different. In a patient who, on the 4th of August, was reported by the nurse to have voided her urine freely, only a short time before the visit, I judged it necessary, from observing urine distilling from the mattress, to examine the hypogastric region, and finding fullness and tension over the pubes, I ordered the catheter to be introduced, by

means of which at least three pints of high coloured urine were discharged, to the immediate relief of the patient. This patient required the occasional introduction of the catheter for two or three days.

II. Anne Kelly, admitted on the 13th of May. This girl had been sitting up in an hospital every night for several weeks, watching her father, whose leg had been amputated. During the day she had made great exertions to sustain two infant children who had been left to her care. Exhausted and depressed, she fell a victim to fever, the principal symptoms of which were foul taste, sickness at stomach, oppression of the breathing, and coldness of the extremities. On the 16th day of her illness she was affected with great pain of the right knee, leg, and foot; on the 17th day she was received into the hospital; the pain was severe, and was much aggravated by the slightest touch; the limb, from the knee downward, felt cold and benumbed. It was mottled from numerous minute dots of a dark blue colour, and patches of a livid blue; the middle of the leg was redder than the rest, the foot cold and very pale, like that of a cadaver. Several hard tumors were distinguishable on the calf and middle of the leg, which were very painful; the pulse was quick, but the tongue was moist and clean. In a day or two the foot became of an uniform purple colour, then of a deep fiery red, with vesications all over. She was removed on the 22d to the Richmond Surgical Hospital, in which her leg was amputated by Mr. Carmichael, after which her recovery was rapid.

In this young woman's case the inflammation of the extremity, which ended in dry gangrene, seemed to carry off the fever. When she entered the hospital neither her tongue nor her expression indicated the existence of idiopathic fever.

With regard to the morbid appearances discovered in our dissections, during the first five or six months included in this report, a very few observations will suffice. That the abdominal viscera should apparently prove sound, in most instances, excited no surprise, as, until the middle of August, there were no symptoms which indicated acute disease in that part of the system, but we expected, from the prevalence of pulmonic irritation, to find the lungs inflamed, which was by no means the case. It is not improbable, if the patients who died had perished in an earlier stage of the fever, that these appearances would not have been wanting. Our expectations were never disappointed as to the state of the brain, unless that the diseased appearances in that organ were not always proportionate to the severity of the symptoms which denoted cerebral disturbance. The vessels of the head were turgid ; there was increased vascularity in the brain, especially on its surface. A slight extravasation of blood from the vessels of the pia mater was observable in many instances ; in others, there was serous effusion on the surface of the brain, into the ventricles, and into the theca vertebrarum, but not to a great extent. In a few cases the remains of disease were inconsiderable ; thus, in a dissection which was made of a patient of Dr.

Clarke's, who had been affected with universal agitation, extreme torpor of the bowels, petechiæ, obstinate averseness to medicine, subsultus, and rigor before death, although there was considerable flow of blood from the vessels of the scalp, and turgescence of the sinuses; the only striking appearance of disease, within the cranium, was a general blush over the pia mater at the base of the brain, as if the minute arteries had been in an excited state. In this case, however, there was, what rarely appeared during the summer, a diseased condition of the mucous membrane of the stomach.

I shall explain the treatment of this species of fever very shortly, there being much less novelty in it than in the fever of the preceding winter. Although many respectable physicians considered the disease *typhus*, I believe it was only the common continued fever, which generally prevails, more or less, during the summer, in many of the great towns in these countries: it was sometimes in an aggravated form, but generally it was mild. With the exception of the atactic cases, which were not numerous, the indications were obvious, and the remedies such as are in general use.

During the first ten or twelve days, the treatment was strictly antiphlogistic. In the cases which terminated before the end of the second week, it was generally antiphlogistic throughout; first the bowels were thoroughly purged, and then, in all the milder

cases, the disease was left to cold water or whey, cool air, and sponging the head and neck and chest with vinegar and water, together with a purgative when there was not more than one stool in the day. In the more protracted cases, the cordial plan of treatment gradually took place of the antiphlogistic ; provided there was no inflammatory determination, from four to eight ounces of port wine were allowed daily ; from the latter quantity, every advantage which seemed attainable from wine, was procured. About the 11th or 12th day, provided the cough was subdued, or had become moist, and there was no headache or great flushing, and no tension or tenderness of the epigastrium, I generally ordered wine on the patient's complaining of weakness, or on debility being evidenced in the position of the patient, languor of the circulation, or on the appearance of symptoms which indicate irregularity in the supply of the nervous power, as muttering, low delirium, tremors, subsultus, floccitation, &c., or on the tongue becoming shrivelled, dry, and black. Along with wine the calomel bolus was given, generally every second day.

There was another condition of the disease, in which a moderate quantity of wine was allowed. When between the second and third week of the fever the patient's appearance was nearly natural, save that his complexion was high, his tongue nearly clean, only perhaps too florid, and when with these symptoms the heat of the surface was great, and the complaint of weakness considerable ; in such a state, wine was often very useful, to which were added saline

diaphoretics, an occasional purgative, and fomentations to the lower extremities.

In the advanced period of the fever, when there was no local pain, or fullness of the hypochondria, and more especially when the tongue was moist, even when it was not clean, there were some cases, in which opium, combined with mild purgatives,* appeared to me of more use than even wine; such a combination was very useful in the cases which were attended with the less vehement kind of delirium, with pale sunken features, with tremors and subsultus, and with atactic symptoms; and here I may remark, that in the upper ranks of life, in the advanced period of fevers, attended with vigilance, but without great reaction, when the delirium is not phrenitic, but rather of a low and desponding cast, when the pulse is unsteady, while at the same time the hypochondria are not tumid, a draught containing twenty or twenty-five drops of laudanum taken at bedtime, will sometimes produce a favourable change in the whole character of the disease.

In offering a few observations on blood-letting, it is necessary that I should begin by correcting an error into which I have fallen in my first report. I have there said, that in two or three cases in which venesection was performed during the exacerbatio critica, the

* Rx. Misturæ sennæ cum camphora 3vi Tincturæ opii camphoratæ 3iii m. sig. sumat 3i 3iiis vel 4tis horis

salutary effort of the constitution was interrupted, and the fever went on for several days longer: the term exacerbatio critica ought, in strict propriety, to be confined to the struggle, which is apparent before the rigor or sweat takes place, in which case venesection is not always injurious, for in several instances, mistaking the purport of the symptoms which constituted the exacerbatio critica, I ordered the patient to be let blood, and perspiration and perfect crisis followed the operation: had I been fully aware of the nature of the struggle in these cases, I would have left the disease to its course; nevertheless it is certain, that blood-letting in the first period of crisis was not in any instance injurious: the bleeding, alluded to in my first report, which interrupted the salutary effort of the constitution, was performed in the second or third period. The effect of blood-letting in the first stage of crisis may be considered as analogous to that produced by blood-letting in the hot stage of remittent fever, a practice which was common fifty or sixty years ago, to procure a more speedy and complete remission.

In April, May, June, July and August, of about three hundred patients admitted into No. 1 and No. 4, one hundred and forty nine were let blood, some of these three or four times. Of these, immediate relief after blood-letting was experienced by 94, but I am convinced that a much greater number were in an improved state on the day after they were bled; yet the blood drawn was not sify in one case of twenty, if we except the relapses, and those cases

in which blood was drawn to relieve the inflammatory affections which were apt to occur during convalescence.

Symptoms which induced me to order venesection in 1816, directed me to that remedy in 1817: a marked increase of vascular activity in any of the viscera always led me to order blood-letting, such as severe headache, in which case the temporal artery was in general opened; pain in the chest, dry cough, and expectoration of bloody mucus, epigastric tension and tenderness; the last symptom, however, was rare, until towards the latter end of August, when it began to predominate. Bleeding did not appear to me injurious in any one instance in which it was performed in my wards. Blood-letting was several times employed as a part of the euthanasia, when perhaps it shortened the patient's life by a few hours, but even of this I am by no means certain. Of the ninety four patients, above mentioned, who were let blood with advantage, sixty nine had symptoms of pulmonic irritation, and almost every one of these had headache also; fifteen were without pulmonic disturbance, but had severe headache with flushed eyes, and, most of them, a tendency to delirium; and three had either epigastric tenderness or tormina and tenesmus. Nearly three fourths of the patients admitted had pneumonic symptoms. Headache was nearly universal. The pneumonic symptoms, however, bore a less proportion to the cephalitic as the season advanced; of the last eighteen patients admitted in June, nine were without pulmonic distress.

In some individuals the pulmonic affection was so obstinate as to require the lancet three or four times before the pain, with oppression of breathing, was subdued, or the expectoration was restored. For cough alone I did not order blood-letting, unless it was very harassing and dry, or attended with frequent breathing and bloody mucus: when there was a stitch and impeded respiration, I always used the lancet. In delirium I did not order blood-letting, unless it was attended with headache or great flushing. Upon a careful review of the cases, I find blood-letting ordered in only one or two instances, for flushing and great heat of surface, unconnected with headache, irritation of the lungs, or, in short, organic determination.

Although a preference was due to arteriotomy, yet the application of eight or nine leeches to the temple, in the early part of the fever, often succeeded completely in relieving the headache: nay, in some instances it appeared to carry off the fever in the course of the ensuing twenty-four hours. I wish to record this observation, as it has been asserted by a person in this city, of skill and experience, that leeches applied to the temple were of no use. I can affirm, moreover, that several patients have assured me that leeches applied to one of the temples relieved the side of the head to which they were applied, while the other continued to ache.

I shall not presume to say, that a greater mortality would have taken place, had I been less partial to the

lancet. The disease was in general so mild, that the mortality would have been inconsiderable under any method of treatment ; but I am persuaded that blood-letting was a means of materially abating the sufferings of the sick, by removing pain, sickness and anxiety, and by abridging the period of the fever. The use of the lancet also protected many of the patients from the usual sequelæ of fever. The number of instances in which crisis took place on the evening of the day on which venesection was performed, during the months of April, May, June, July and August, was very considerable. Several women were admitted in an advanced period of pregnancy, the sixth or seventh month, with fever in a very severe form. In these women the lancet was used when it appeared to be wanted, and mild purgatives were given daily and they did not abort, although there was every reason to dread that event in two of them in particular.

Blisters were used both in the earlier and later periods of fever. First, following arteriotomy, a blister to the nucha was found to lessen the distressing headache which so often occurred in the first week ; after venesection, a blister to some of the regions of the thorax was in general ordered to assist in abating pulmonic inflammation or congestion ; and after the application of leeches to the epigastrium, a blister was applied when the tension or tenderness of that part was not removed. Secondly, blisters were applied between the shoulders, to the sternum, and to the legs, in aid of cordials, to rouse the patient from the

torpor of the more advanced period of the fever, and relieve the internal organs by a powerful counter-irritation. In desperate cases of coma, the whole scalp was covered with a blister, and sometimes with apparent benefit,

A fever, such as I have attempted to describe in the foregoing pages was, during the summer of 1817, gradually establishing itself all over Ireland, and ultimately it spread among the poor in the capital. This fever appeared to be unconnected with any peculiar condition of the atmosphere, the summer having been wet and cold, and wet and cold summers, as I have observed, on a former occasion, being counted healthy ones in Dublin.* The following is an abstract of the weather from April to September, which I owe to my friend, Mr. C. Moore.

	Prevailing wind.	TEMPERATURE.			Days of rain.	Quantity of rain in inches.	Description of Weather.
		Highest.	Lowest.	Medium.			
April to 9th May	N. E.	65	57	51	6	1 $\frac{1}{2}$	Dry & clear.
10th May to 20th June	S.	66	41	54	33	5 $\frac{1}{4}$	Frequent rain.
20 last days of June	Var.	74	58	65	4	1 $\frac{1}{2}$	Very hot.
July and August	S. W.	74	51	61	39	7 $\frac{1}{2}$	Very wet.

* See Dublin Hospital Reports, vol. I, p. 14. See also Dr. Edward Percival's masterly account of the *Epidemic Fevers of Dublin*. In that paper Dr. Percival says, " it has long been remarked, that protracted dry weather is peculiarly productive of fever in Dublin, and that rainy weather, which is the prevalent character of the climate, agrees best with the general health of its inhabitants." Vide Transactions of the Association of the King and Queen's College of Physicians, p. 261. vol. I.

The progress of the epidemic in Dublin will appear from the following slight sketch of our proceedings at the House of Industry.

On the 31st of May, and the four succeeding days, we had an average of nine admissions daily, into the Hardwicke Hospital, which was more than double the average of admissions of the five or six months preceding ; after the first week in June, the admissions did not exceed four per diem, or in other words, not more than four applied for admission, for of late it has been a rule of the institution, sanctioned by Government, that no patient in fever shall be refused admission,

On the 1st of September fifteen patients applied for admission, a circumstance which, as accounts had been received from all parts of Ireland of the prevalence of fever, the Governors of the House of Industry thought it their duty to report without delay to the Lord Lieutenant. This precaution was not an unnecessary one, for, in the course of a week, one hundred patients were admitted, the usual weekly average being twenty-seven.

On the 3d of September, apprehensions being entertained of the extension of fever, the Governors of the House of Industry were ordered by the Lord Lieutenant to apply the Whitworth Hospital, originally designed for chronic diseases, to the accommodation of patients labouring under fever ; and on the

9th of September, they received instructions from the Chief Secretary of State to extend their inquiries into all those parts of the city wherein fever had appeared, or wherein, from the neglect of cleanliness, and the density of the population, its appearance might be apprehended ; and they were at the same time instructed to order the whitewashing of the rooms of the infected, and the removal of filth from the habitations of such as were unable to remove it at their own cost, and also to adopt any other measures which might seem to them best calculated to discourage the introduction or check the progress of fever. In furtherance of these ends they were promised every assistance which the Police Magistrates and the Commissioners of Paving could afford.

In consequence of these instructions, the Governors of the House of Industry, with the assistance of Dr. Perceval and the physicians to their own Institution, digested a plan for the protection of the city, of which the following is a brief outline.

They divided the city and its environs into districts, over each of which they placed a Medical Inspector. These inspectors were ordered to ascertain the extent of fever in their respective districts, to encourage the infected to take advantage of the Fever Hospitals, to detect nuisances which were likely to be prejudicial to the public health, and to point out such houses or rooms as required whitewashing. The Medical Inspectors were further directed to make daily reports to the Governors and Physicians.

Every apartment in Dublin and its immediate neighbourhood which supplied the Hospital with a patient in fever, was whitewashed, and the areas, courts and lanes, in which masses of filth had been allowed to accumulate, were cleansed. For a considerable time there were two hundred persons in separate gangs, employed by the Governors of the House of Industry in cleansing the city, and in removing from those parts of it, which were not under cognizance of the Paving Board, the accumulated filth of years. The Liberties of Dublin, at the time these operations commenced, contained, in the private courts or areas behind the houses, innumerable depots of putrid animal and vegetable matter, which had apparently produced no very injurious effect upon the health of the inhabitants: it is certain that the Liberties yielded us very few cases of fever during the summer of 1817.

As it appeared that a fever had existed in the villages in the neighbourhood of Dublin for some time before it began to spread in the city, an inspection was ordered of the vicinity of Dublin, and a health return was made out, of which the following is a copy:

State of Health of Dublin and the adjoining Villages.

Districts.	Inspector or Informant.	Date of Inspection.	State of Health.	Remarks.
Bray,	Mr. Heffernan, Surgeon to the Dispensary, Bray,	Septem. 15	Fever more prevalent than usual,	There are seven cases of fever under the care of Mr. Heffernan; they are mild.
In Dunleary, Stillorgan, Newton Park, Galloping-green, Killincut road, Seven houses, Ball's-bridge, Sandymount, & Ringsend,	Examined by Drs. Peebles and Murray, Medical Inspectors,	Septem. 15	Sixteen cases of fever were discovered, and thirty convalescents. Four from these districts were in hospital, and two had lately died,	Ten houses, from which patients in fever had been removed, required whitewashing—See Inspector's Report.
Among the Dublin mountains above Stepaside, and about Kilgobbin, Kilternan, & Sandyford, Rathfarnham, Lucan, Leixlip,	Dr. Burke, Physician to Dispensary, Dundrum. { Mr. Murray,	Septem. 12	Fever has nearly subsided,	Hardly a cabin escaped, so prevalent had fever been during the early part of the year.
Clonsilla, Newbridge, Castletown, Celbridge, Dunboyne, Carton,	Mr. Johnson and Mr. M'Dowell, Medical Inspectors,	Septem. 12	Three persons in fever,	Whitewashing the town at the expense of the gentry, These were all medical men, Mr. Ferguson, Mr. O'Reilly, and Mr. Goodshaw, Two persons were in Dublin in hospital from these plagues.
Finglass, St. Margaret's, Swords, Kilsela, Carduff, Maccgillstown, Bald Doyle, and Dunabate. Dublin,	Mr. Johnson, Do. { Mess. Macdowell, and Johnson,	Septem. 15	Two persons in fever, Three do. do. Two do, do.—9 convales. Eighteen do. do.—9 convales. Twelve do. do.—9 convales. Two do. do.	The apothecary was in fever—2 persons in Church-lane, Celbridge, had died within the last two or three weeks. Two fatal cases lately occurred in Dunboyne. { One of these in the Hard. Hosp.—the village healthy. One of these sent to Hardwicke Hos. and there died. Four had been sent from Swords into Hardwicke Hosp a fortnight ago; in these places the disease was very mild.
Physicians to the House of Industry,	Septem. 1, to Septem. 15	During which period 199 persons have been received into the Fever Hosp. of the House of Ind. from Dublin and neighbouring villages,	The average per week from 1st of last Jan. to the 1st of Sept. has been 27. The fevers are many of them severe, but attended with no particular malignancy. The Liberties unusually exempt from fever.	
Physicians to Cork-street-Hospital,	Septem. 9	Epidemic of the county does not extend to the city of Dublin—	Sept. 17, 1817.	

WILLIAM ABBOTT,
Med. Clerk.
Printed Report,

Notwithstanding the measures of medical Police, which were adopted, the fever continued to extend; and as the House of Recovery in Cork-street was full, as well as the Hardwicke and Whitworth Hospitals, several unoccupied wards in Steevens's Hospital were opened, at the desire of the Lord Lieutenant. When these wards were filled, his Excellency directed the Richmond General Penitentiary to be converted into a temporary Fever Hospital. He also directed patients in fever to be sent to Sir Patrick Dun's Hospital; finally, the City Bridewell, which was capable of containing four hundred sick, was ready to be converted into an hospital should the epidemic further increase; and such was the provident care of Government, that with the exception of one day, every person in fever, who applied to be taken into an hospital, was received during the autumn, winter, spring, and summer of 1817 and 1818.

Knowing that Doctor Renny, Director General of Military Hospitals, had paid much attention to the state of the public health, I applied to him for information with respect to the extent of hospital accommodation afforded by Government, and to his kindness I am indebted for the following interesting table:

General Report of Fever Patients admitted into the Dublin Hospitals, for nine months, commencing 1st of September, 1817, and ending 31st of May, 1818.

Fever Hospitals attached to the House of Industry.

First three months.			Second three months.			Third three months.		
In hospital 1st September, 1817	-	-	87	In hospital 1st December, 1817	-	-	266	In hospital 1st March, 1818
Admissions from 1st City	921	Admissions from 1st City	1898	Admissions from 1st City	-	-	570	Admissions from 1st City
Spts. to 30th Nov.	557	Spts. to 28th Feb.	255	March to 31st May, 1818	517	-	294	March to 31st May, 1818
Discharged cured	1265	Discharged cured	1761	Discharged cured	2519	Discharged cured	3261	Discharged cured
Died	79	Died	188	Died	199	Died	3261	Died
In hospital 20th Nov.	265	In hospital, 28th Feb.	670	In hospital, 28th Feb.	514	In hospital 31st May, 1818	3261	In hospital 31st May, 1818
Proportion between the admissions and deaths one in fifteen nearly.		Proportion between the admissions and deaths one in twelve.		Proportion between the admissions and deaths one in thirty-six and an half.		Proportion between the admissions and deaths somewhat below one in twenty.		Proportion between the admissions and deaths one in eighteen.

DR. CHEYNE

STEEVENS'S HOSPITAL.			In hospital 1st December 1817			In hospital 1st March, 1818		
Admissions from 1st Dec. to 28th February			Admissions from 1st March to 31st May			Admissions from 1st March to 31st May		
Admissions from 18th Sept. 1817 to 30th Nov.	-	-	383	-	-	85	-	-
Discharged cured	265	Discharged cured	536	Discharged cured	548	Discharged cured	552	Discharged cured
Died	33	Died	15	Died	542	Died	12	Died
In hospital, 30th Nov.	85	In hospital 28th February	82	In hospital 28th February	633	In hospital 31st May	78	In hospital 31st May
Proportion between the admissions and deaths one in twelve nearly.		Proportion between the admissions and deaths one in thirty-six and an half.		Proportion between the admissions and deaths somewhat below one in forty.		Proportion between the admissions and deaths somewhat below one in twenty.		Proportion between the admissions and deaths one in eighteen.
HOUSE OF RECOVERY, CORK-STREET.			In hospital 1st Dec. 1817			In hospital 1st March, 1818		
Admissions from 1st Dec. to 28th February			Admissions from 1st March to 31st May			Admissions from 1st March to 31st May		
Admissions from 1st Sept. to 30th November	-	-	1191	-	-	1543	-	-
Discharged cured	1030	Discharged cured	1445	Discharged cured	1779	Discharged cured	1660	Discharged cured
Died	56	Died	85	Died	61	Died	61	Died
In hospital 30th Nov.	226	In hospital, 28th Feb.	249	In hospital 31st May	242	In hospital 31st May	242	In hospital 31st May
Proportion between the admissions and deaths one in twenty-one.		Proportion between the admissions and deaths one in eighteen.		Proportion between the admissions and deaths somewhat below one in twenty.		Proportion between the admissions and deaths one in eighteen.		Proportion between the admissions and deaths one in twenty.

SIR PATRICK DUN'S HOSPITAL.

Admissions from 19th Feb. 1818, the day of opening the Fever Wards, to 28th following	-	95	
Ditto from 1st March to 51st May	-	517	412
Discharged cured	-	385	
Died	-	19	8
In hospital 51st May	-		412

Proportion between the admissions and deaths somewhat below one in twenty-one.

WHITWORTH HOSPITAL, on the Banks of the Royal Canal, near Drumcondra.

Admissions from 25th May, 1818, the day of opening the Hospital for the reception of patients, to 31st following	-	12	
Discharged cured	-	2	
In hospital 31st May	-	10	—
No Deaths.			12

RECAPITULATION.

First Period—Total of admissions during three months, ended 50th Nov. 1817	-	-	2752
Total Number of deaths in ditto	-	-	168
Mortality somewhat below one in sixteen.			
Second Period—Total of admissions during three months, ended 28th February, 1818	-	-	4344*
Total number of deaths in ditto	-	-	268
Mortality somewhat below one in fifteen.			
Third Period—Total of admissions during three months, ended 51st May, 1818	-	-	5297
Total number of deaths in ditto	-	-	221
Mortality somewhat below one in twenty-four.			

GENERAL RECAPITULATION.

Total of Admissions during nine months, ended 51st, May, 1818	-	-	12488*
Total number of deaths in ditto	-	-	677
Which gives a proportion of somewhat more than 47 admissions daily, and a mortality in the whole of admissions somewhat below one in eighteen.			
* It is to be observed that the 95 patients in Sir Patrick Dun's Hospital on the 28th of Feb. 1818, are not included in the above number of 4344, although they are included in the General Total of 12,488.			

Before proceeding further I shall beg to say a few words respecting the mortality in the Hospitals of the House of Industry, which, as compared with the mortality in some of the other hospitals, will appear excessive.

And, in the first place, the reader is reminded of an observation made by Sir Gilbert Blane, a physician of high authority in such matters, namely, that the comparative mortality of different hospitals is a most fallacious test of the success of Medical Practice, unless the nature and intensity of the several diseases is taken into account.

In the Hospitals of the House of Industry, the patients who died of the epidemic fever were comparatively few, as appears from returns in my possession, but the deaths from other diseases were numerous. Owing to the contiguity of the great pauper depot of Ireland to these hospitals, the most miserable objects of every description are always to be found in our wards. Under the alarm of fever, many were, in the present instance, brought to the Hospitals of the House of Industry from all parts of the city and adjoining country, who were actually dying of other diseases; and as it is a rule of the establishment not to deny admission to any person apparently in a dying state, and as the hospital for chronic patients, into which such persons were wont to be received, was converted, by order of Government, into a Fever Hospital, we had no alternative but to lay these individuals along side of our patients in fever, and

to insert their names in the registry of the Fever Hospital.

In order to throw some light on the causes of the uncommon prevalence of fever in Dublin, an inspection was made of the two streets which, during the months of September, October, November, and December, supplied our hospitals with the greatest number of patients, namely, Barrack-street, and Church-street ; and the following paragraph is an extract from the report made by Dr. Peebles and Mr. Macdowell, the Medical Inspectors, who were employed in that duty.

“ Barrack-street and Church-street are in the North side of the Liffey, and in the line of the Northern and Western roads. Barrack-street is nearly parallel with the Liffey, between which and its eastern extremity are yards for cattle and slaughter houses : the river at high-water is nearly on a level with the cellars. In Barrack-street there are 85 houses, the apartments of which are in general much crowded ; thus 52 houses contain in 390 apartments 1318 persons, of which number 332 adults are unemployed, the greater number of whom are in a state of extreme indigence. There are several public houses, which are much frequented, particularly in the evenings, and many of the cellars are used as public eating rooms. Soldiers and their followers have hitherto afforded means of subsistence to many room-keepers, who are now in great distress. During the

last three months 111 persons have had fever, which appears in general to have arisen from contagion. Church-street consists of 181 houses, which, with those in the adjoining courts, are much more crowded than the Houses of Barrack-street ; thus, in 71 houses of this street, and adjoining courts, consisting of 393 apartments, 1997 persons dwell, of whom 628 are without employment. In Church-street, 123 persons have had fever within the last three months. Foul lanes, courts and yards are interposed between this and the adjoining streets. A few respectable shop keepers excepted, the entire street is inhabited by persons of the lowest order. There are many cellars which have no light but from the door, which, in several, is nearly closed by bundles of rags, vegetables, and other articles exposed to sale. In some of these cellars the inhabitants sleep on the floors, which are all earthen ; but in general they have bedsteads. Most of the courts are crowded and filthy. Nicolson's court, which immediately joins the Root-market, contains 151 persons in 28 small apartments, of whom 89 are unemployed ; their state is very miserable, there being only two bedsteads and two blankets in the whole court. Fever appeared in three apartments of this court ; in one, the whole family were sick, the individual first affected not having been removed ; in the others only two persons were taken ill, owing to early removal and cleansing. The effect of early removal of the sick, and the cleansing and whitewashing of their apartments, was very remarkable in checking the progress of the disease in some families, while, from the neglect of

these precautions, the number of the sick rapidly increased in others. Two neighbouring houses in Barrack-street afforded an illustration of this remark, namely, Nos. 41 and 47. In the former the disease began in two different families, and its progress was immediately checked by early removal, cleansing, &c. in the latter the individual first affected remained at home, and died of the fever, but not before he had communicated the disease to eighteen persons in a short time."

In addition to the foregoing account it was ascertained that many of the country people, labouring under fever, who came to Dublin in hopes of getting into an Hospital, took up their abode for a night in Barrack-street or Church-street, and next morning were removed to our Hospitals, or to the House of Recovery in Cork-street. It was probably in this way that the disease obtained so firm a footing in these streets.

The conclusion to be drawn from these and similar facts seems to be, that where the disease was introduced among such communities of the poor as had little connexion with the higher ranks of society, and were destitute of employment, and consequently ill supplied with food, clothing, and fuel, among such as, from the severe pressure of the times, were so dispirited as to be indifferent to the danger of infection, it spread with celerity, and pertinaciously maintained its influence.

Between the years 1806 and 1817, as appears from an interesting report of the Fever Hospital in Cork-street, published by Dr. Grattan, the smallest number of patients admitted, in any one year, into that excellent institution was 1056, namely, in the year, ending on the 5th of January, 1810. In the year 1809, there were 1176 patients in fever admitted into the Hard-wicke Hospital. From my own knowledge of the poor, gained while I was one of the physicians to the Meath Hospital, I am persuaded, that of the fever patients in Dublin, not one half seek the accommodation of an hospital, unless perhaps during the alarm of an epidemic. Now, supposing there were only 4000 cases of fever in 1809, and of these 4000 cases only one half, or one fourth, nay, supposing only one tenth part were contagious, it is obvious that, even in the healthiest year of the last ten, there was a sufficient stock of contagion in this city to infect its inhabitants, and hence, that fever might have been expected, at any time during that period, to extend itself more or less widely, according to the activity of its predisposing causes, at the head of which are unquestionably an insufficiency of wholesome food and despondency. Nor is it necessary to confine this remark to the population of Dublin. Were this the proper place, I could shew, from authentic documents, that fever has not been extinct in any of the great towns in Ireland, during the period above specified. Before the establishment of Fever Hospitals in Dublin I have reason to think that fever was more

general, and more malignant also and fatal than it has been since.*

I cannot help observing, that in the street which is contiguous to the principal barrack in Dublin, there were more cases of fever, than in any other part of the city ; and as the disease affected many of the women of the town, whose haunts are in that street, it is probable that the soldiers in garrison were at least as much exposed to contagion as any of the lower class of the inhabitants, and yet they escaped, probably from being but little under the influence of the predisposing causes of fever ; for, to borrow the words of a distinguished medical officer, “ the pay of the soldier is ample ; he is well clothed, well fed, well lodged and well looked after, and all his wants in health as well as in sickness are provided for.” The following return of the fever cases admitted into the King’s Infirmary, (which is the General Hospital of the Garrison,) for the last two years, will show, that although the epidemic had prevailed in Dublin during four months of the year 1817, yet the cases of fever which occurred during that year among the troops, were much less numerous than they were in 1816, which was a very healthy year in Dublin, and thus, I think, we have an additional proof that

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* These Institutions have been as useful as they are honourable to our age and country, but still they ought to be considered as only a part of a system for extinguishing febrile contagion, the foundation of which must always be an active and *scientific* Board of Health.

the diffusion of the epidemic depended more upon its predisposing causes than upon any peculiar activity of its contagious principle.

Return of the Fever cases admitted into the King's Military Infirmary for the last two years.

		Admitted.	Died.
From 25th December 1815 to 24th January 1816		77	2
25th January 1816 to 24th February		84	2
25th February	to 24th March	70	2
25th March	to 24th April	54	2
25th April	to 24th May	32	0
25th May	to 24th June	46	0
25th June	to 24th July	34	1
25th July	to 24th August	29	3
25th August	to 24th September	17	1
25th September	to 24th October	21	0
25th October	to 24th November	27	1
25th November	to 24th December	21	2
Total for the year 1816		512	16
		—	—

Average number of effectives 4983

		Admitted.	Died.
From 25th December 1816 to 24th January 1817		23	0
25th January 1817 to 24th February		17	3
25th February	to 24th March	17	1
25th March	to 24th April	22	1
25th April	to 24th May	15	1
25th May	to 24th June	44	3
25th June	to 24th July	22	0
25th July	to 24th August	23	0
25th August	to 24th September	44	0
25th September	to 24th October	32	0
26th October	to 24th November	27	0
24th November	to 24th December	50	3
Total for the year 1817		336	12
		—	—

Average number of effectives 4319.

Indeed, as appears from documents in the office of the Director General of Military Hospitals, the army of Ireland continued to enjoy excellent health up to the latest report, (viz. July 1st 1818) The garrisons in Dublin, Cork, Limerick, Waterford, Clonmell, Kilkenny, Belfast, and other towns, in which the fever was extensively prevalent, were all healthy. The mortality of the whole army in June 1818, was only 12, whereas it was 24 in June 1816, and 22 in June 1817.

There were a good many cases of fever among the pawnbrokers, huxters, and shopkeepers, a numerous body in Dublin, but the disease was rare in the higher ranks, and there were very few instances of the fever extending to a second person in any house in which proper attention was paid to cleanliness and ventilation, whieh was a compensation for the much greater mortality of the disease when it occurred among the middling or upper ranks, by whom alone such attention could be paid.

Many of the officers of our establishment caught the disease. Eight or nine medical gentlemen of those who were doing duty in the Institution were affected with fever. The Steward, a very valuable officer, while zealously engaged in establishing order in the Richmond General Penitentiary, fell a victim to the disease. All the servants in succession whose business it was to remove the clothes of the patients upon their first admission, were affected with fever in a very severe form. Most of the unseasoned nurses

took the disease. At one time, in the early part of the spring of 1818, in four wards which were under my care, there were three of the nurses ill, now, as there was no relaxation in the discipline of the Hardwicke Hospital, the increase of fever among its nurses probably arose from the fatigue and alarm incident to such a crisis, which, by lowering their health, threw them unusually open to contagion.

From the middle of August until the end of March the state of the epigastrium demanded constant attention. In three cases of four the epigastrium was tender on pressure, sometimes remarkably so. The patients sometimes suffered from irritability of the stomach ; nausea being a predominant symptom, and severe vomiting. This condition of the stomach was complained of shortly after the rigor of attack, and continued to be very distressing during the first week of the fever. Epigastric irritation being substituted for pulmonic, the disease in all other respects continued the same ; in point of cerebral disturbance in the more advanced period of it, in point of duration and of crisis ; but this change, as might have been expected, considerably changed the aspect of the disease. The following was the condition of the patient on the third and fourth, and from that to the ninth or tenth day of the fever—anxious expression, deep and often circumscribed flushing of the countenance, dry tongue, which gradually become brown also, greater heat of the surface, although with less frequent petechiæ, quick weak pulse ; cough without

pain in the chest or increase of respiration. In most cases the cough and quickened breathing seemed connected with an irritation seated below the diaphragm ; for when the epigastric tenderness, which was generally the leading feature of the disease in its first stage, was removed, the cough and quick respiration subsided, and the disease ended favourably.

Crisis was generally obtained by sweat, which often followed a rigor. About the time of crisis the patient generally slept much, and the usual changes took place in the urine. It is worthy of remark, however, that some patients rather unexpectedly died, after the struggle of, what had promised to be, a favourable crisis by perspiration.

In many cases attended with alarming symptoms, crisis took place about the fifth or seventh day ; in such cases, however, a relapse occurred very frequently about the end of the second week, and a second and final crisis took place on the seventeenth or twenty-first day, counting from the first invasion. Those of our Institution who caught the disease, servants, nurses, and medical attendants, were very liable to such relapses ; indeed, I never knew relapses so frequent as during the spring of 1818.

The degree of temperature, and frequency of the pulse and respiration were ascertained in one hundred cases during the months of January, February, March, and April, 1818, and the following was the result :

Temperature.

95°	97°	98°	99°	100°	101°	102°	103°	104°	105°	106°	107°	108°	109°
1	5	1	3	4	6	4	7	15	15	23	15	1	1

Pulse.

50	60	70	72	76	78	80	84	86	88	90	92	96	98
1	1	5	3	2	1	1	3	1	3	4	1	2	1

100	104	106	108	110	112	114	116	118	120	124	126	132	136	150
14	2	5	9	5	4	1	2	2	15	1	2	5	2	1

Respiration.

14	16	18	20	22	24	26	28	30	32	34	36	38	40	50
1	5	5	20	5	12	7	11	9	12	1	5	3	4	1

The temperature might be considered excessive in a majority of the cases: in fifty-five cases it was one hundred and five or upwards; in eleven of these cases the pulse did not exceed one hundred and four; and in twenty-five the respiration did not exceed thirty; in seven of these twenty-five the respiration did not exceed twenty in the minute. Headach was a predominant feature of the disease in thirty of the above fifty-five patients, great tenderness of the epigastrium in twenty-eight, while not more than eleven had cough, of whom only five had pain or stitch in the side, and one expectoration of mucus tinged with

blood. It is observable, that while excess of temperature prevailed in so many instances among the patients in Nos. 1 and 4, there did not take place one death among those admitted between the 1st of January and 15th April, when I resigned these wards, except Dempsey in No. 4, and Evans in No. 1, both of whom died, and were removed to the dead house before my visit. It is further observable that there were only nine cases of the whole number (one hundred) in which petechiæ could be discovered.

As in many of the most urgent cases of the epidemic it appeared to me that the epigastrium was the part chiefly affected, I learnt with surprise that the stomach and alimentary canal were sometimes found in an apparently sound state, even in subjects in whom epigastric tenderness had predominated. Thus in a case reported by Mr. Cumming, clinical clerk, in which tenderness of the epigastrium existed during a great part of the disease, on opening the body, not the slightest morbid appearance could be discovered, except a small quantity of bloody serum effused into the cavity of the abdomen, and a very inconsiderable blush in the mucous membrane of the stomach, at the part where the oesophagus enters. In this case, however, a critical effort by sweat took place on the day before the patient died, and perhaps changed the distribution of the fluids, which were thus determined from the centre to the surface of the body. In like manner, in a dissection which was transcribed for me by Mr. Crawford,

in which tenderness of the epigastrium existed on the day before the patient died, all the viscera of the abdomen had a healthy look; there were no morbid appearances, but a small quantity of serum in the cavity of the abdomen, and serous effusion on the surface and in the cavities of the brain. Mr. Crawford adds to this case the following observations: "I have met with a few more cases in which there was epigastric tenderness without any corresponding morbid appearance, but I could not discover them among the number of cases which I have noted; but the case of a woman named Farrell is fresh in my recollection, who, a few days after her recovery from a slight attack of fever, relapsed with severe pain in the epigastric region, and in the whole right side of the abdomen, the left side being but slightly affected. The pain was so great that it prevented her from moving, and occasioned constant moaning. She could not bear the least pressure on the epigastrium, nor on the right half of the abdomen. The pulse was frequent, and very weak, and the feet cold. She got some relief from the application of leeches, and of a blister to the abdomen; the bowels were freely opened, but she died on the third day of her illness. The dissection did not account for such severe symptoms."—Let me add, however, that in the dissections which I have superintended, after those cases of fever in which this symptom predominated, the inner surface of the stomach was always more or less inflamed.

There was another anomaly in dissection which

requires to be mentioned, namely, a state of great congestion, which was sometimes observed in certain portions of the intestines, and which, in as far as I could learn, was not always preceded by obvious symptoms of intestinal disorder. The portions in question were of a dark purple, and sometimes of a puce colour ; they were easily lacerated ; on neither surface of the intestine was there much morbid secretion. The coats of the intestines at the parts alluded to were separable from each other without difficulty ; the coats were not thickened but highly vascular, which vascularity appeared venous. In one of these cases hæmorrhage from the intestines occurred, and yet the appearance differed altogether from that which we see after a fatal attack of Melaena.

Tenderness of the epigastrium was with more certainty and safety relieved by topical than by general bleeding, although the latter was frequently employed also. If the patient was young and plethoric, and was admitted when the disease was in its infancy, and if he complained, as such patients generally did, of pain or tenderness of the epigastrium, was flushed and anxious, I began with venesection ; and if he still complained of distress at the pit of the stomach. I ordered ten or twelve leeches to be applied. Venesection was seldom repeated, but leeching not unfrequently, this remedy being one of remarkable efficacy. After the first or second application of leeches, I frequently ordered a blister to the epigastrium, small doses of neutral salts were given, or some of

the saline diaphoretics, and in this manner the distress at the *præcordia* being relieved, the disease pursued a more temperate course.

It is obvious that no specific rule for regulating the quantity of blood to be drawn can be established : this matter must always be left to the discretion of the practitioner. It is my duty, however, more especially as I have the name of being an advocate for bloodletting in fevers, to state, that several cases have come to my knowledge in which full bloodletting, practised when the disease was confirmed, proved injurious : great prostration followed ; and, although the local determination, which probably demanded a cautious use of the lancet, was subdued, yet the struggle was more dubious than it otherwise would have been. In two instances I had reason to think that full bloodletting was productive of fatal effects ; one of these cases was characterised by vigilance, a tongue scarcely affected, great quickness of the pulse, dun confluent petechiæ ; both cases were atactic. But these were instances of the abuse of bloodletting. There are many cases of fever in which bloodletting is inadmissible in any stage of the disease ; and there are many cases in which early bleeding would be salutary, while late bleeding would ruinous ; in like manner, as there are many cases of syphilis or intermittent fever in which mercury or bark, in certain periods of the disease, would be little better than poison : when I am called an advocate for bloodletting in fever, I request it may be understood that it

is discriminative bloodletting which I advocate. In the Hardwicke Hospital twelve ounces of blood were seldom exceeded at one bleeding ; ten ounces might be considered the average quantity taken from an adult. There were doubtless some few patients who lost a larger quantity at once ; but so impressed was I with the danger of carrying this excellent remedy too far, that when twelve ounces of blood were to be exceeded, I considered it my duty to superintend the operation. Nor did I often prescribe more than twelve leeches, ten or twelve being the number commonly ordered to the epigastrium, and eight to the temple or behind the ear. The head and epigastrium were more certainly to be relieved by topical than by general bleeding. The relief of the lungs was obtained by venesection in the first instance, and then by cupping and scarifying.

I seldom saw a patient early enough for the trial of free bloodletting as a means of arresting the course of fever ; the only individual with whom I attempted this summary method of cure was one of our ward-maids. I was not able to superintend the experiment, which did not succeed. The quantity of blood drawn did not exceed twenty ounces ; a middle course which I should not recommend any person to follow. It is proper to state, however, that the fever in this individual, although it was not checked, was mild. During the winter and spring I ordered bloodletting sometimes with a view of abating reaction, generally however to subdue organic determinations,

which being accomplished, the crisis followed, almost immediately after, in more instances than could have been excepted ; the result, according with an observation, which I believe may be found in Fordyce, that when any one organ is much more affected in fever than the rest of the system, the whole disease will often abate as soon as the particular organic affection is subdued.

In cases in which epigastric tenderness did not exist, in which the febrile excitement seemed to be equably felt by all parts of the body, in which there were no determinations to the viscera of the thorax and abdomen, and no remarkable determination to the head, the cold effusion was used in some few instances by me, and frequently by my colleagues, and it cut short the disease in several, and in many it moderated its violence. In the more advanced stages of the disease, tranquillity, which lasted for a considerable time, was sometimes obtained by pouring a bucket of water at 95 or 96° over a flushed, delirious, and unmanageable patient.

In some severe cases the bowels were remarkably obstinate, even when there was no fullness of the abdomen, but the contrary. The common attempt to procure stools by drastics, in such cases, rests upon erroneous notions of pathology, and will often fail. In a patient, in private practice, to whom I was called on the 10th day of fever, whose face and scalp were injected with dark blood, who lay supine, breathed

with stertor, and was insensible, the bowels had resisted the most drastic purgatives, and yet there was no obstruction, no fullness of any part of the abdomen, which on the contrary was remarkably lank. Indeed it seemed that the excitability of the intestines was suspended, as well as the secerning function of the abdominal viscera; for the most stimulating glysters had been given in vain, and scarcely any urine had been secreted. In this case the opening of the temporal artery, from which the darkest blood flowed, restored the patient for a few hours to the use of his understanding, but next day he died. In similar cases, after emptying the vessels of the head, employing the tepid affusion and blistering the legs, I should recommend an exhibition of calomel and opium. When, during the epidemic, the affection of the head resisted bleeding, cold applications, purgatives, the tepid affusion, and blisters, we had recourse to a bolus at bed-time, which contained one grain of opium and five of calomel, and during the day, two grains of calomel with a third, or rather a fourth, of a grain of opium, were given every fourth or sixth hour, often with apparent benefit. But surely this combination ought not to be adopted as a general remedy for a disease which was not fatal to one patient in thirty, and which, in three cases of four, required only an occasional bleeding, with due attention to the bowels, free air, and dilution. A course of calomel and opium is very apt to leave the patient excessively weak, and it very generally affects the mouth; by this combination were produced some of the most severe

cases of ptyalism I ever witnessed ; and the mercurial sore mouth is an insufferable grievance to a convalescent from fever, a grievance to which dysentery, also arising from mercury, was sometimes added. At one time, about the middle of January, 1818, I had three or four patients in my wards whose sufferings from the effects of mercury I shall not soon forget ; and at the same time, there was a girl in the hospital whose cheek was perforated by an extensive slough, which was produced by the effects of mercury given in combination with opium.

Of purgatives, cooling drinks, cleanliness, including frequent change of linen and personal ablution, large airy apartments, and thorough ventilation, there appears now to be but one opinion among physicians. With regard to bloodletting, mercury, opium, and wine (to some one of which, in many otherwise excellent works on fever, an undue bias may be discovered) I beg to remind the young, inexperienced, and ardent practitioner, that they are remedies applicable only to particular cases ; and with respect to the use of such powerful means, it may be observed, that while the perfection of our art consists in knowing the exact point at which expectation should yield to action, the greatest authorities in medicine have been more apprehensive of the officiousness of zeal, of the nimia diligentia medici, than of that degree of distrust in the resources of Prescription which will prevent us from interfering with the operations of nature, upon every trifling alarm.

Calomel and opium did not answer my expectation unless in two modifications of the disease, namely, 1st, in that above alluded to, in which determination to the head was remarkable. Thus, when the fever was characterised by dun petechiæ, vigilance, delirious nights, confusion of thought, flushing of the countenance and eyes; when there was a faltering voice, some frequency and irregularity of the respiration, quick unsteady pulse, scanty secretions, without great abdominal tension, calomel with opium was of signal service. 2dly, In an affection of the stomach, which was not uncommon during the epidemic. After excessive irritability of the stomach, which had been quieted by venesection or leeches, and sulphate of magnesia in infusion of roses, the patient sometimes fell into a state of great prostration, indicated by a pale, anxious, collapsed countenance, with a desponding mind, which seemed on the verge of low delirium, a quick, unsteady, and weak pulse, and an iron grey colour of the tongue, which was dry, rather swollen, but scarcely furred. In such cases one-half, or one-third of a grain of opium with two grains of calomel every third or fourth hour, seemed to restore the patient from a situation nearly desperate. I was led to prescribe this combination from my experience of its efficacy in inflammations of the villous coat of the stomach, when it has been given after bloodletting had been urged as far as the case would admit of. But I would have those who attribute the principal part of the benefit which arises from the combination of calomel and opium to the

former ingredient, to read the passage in Fordyce,* in which small doses of opium are recommended in the second week of fever, as a means of converting delirium into that state of half sleep half stupor, which generally attends a favourable crisis. From small doses of opium, either alone or combined with a common purgative, I think I have seen all the benefit obtained, which we have lately been taught to expect exclusively from the united influence of calomel and opium.

Of the patients who were admitted into the Fever Hospitals of the House of Industry, between the 1st and 10th of September, twenty obtained crisis in the course of the first thirty-six hours, several of these on non-critical days. Removal during a fever from an indifferent room or house, to one more airy, quieter, or more commodious, is justifiable in any period of that disease. In private practice, at our first visit, we ought to consider whether it would be expedient to have the patient removed to a better chamber or lodging; I can answer for the safety of such removal, during fever, of persons of the middling ranks of society, as well as of the lowest class.

Symptoms of the dysentery occurred in some patients after the beginning of October; they not unfrequently formed a part of the disease during the whole winter. In our dissections the mucous membrane of the stomach and intestines was oftener in a pulpy

* Fordyce on Fever, Dissertation iii. p. 236, 7, 8.

and vascular state, and coated with a morbid secretion, than it had been during the summer ; but the brain still continued the chief seat of the morbid appearances. I do not recollect a single dissection in which the remains of an excited state of the vessels of the brain did not appear,—in which the surface of the brain was not in an inflamed, or rather subinflamed state, as was demonstrable either from the state of the minute arteries, or from consequent effusions. *Inflamed* would perhaps be too strong a term to apply to a degree of vascular action, which in no instance led to the formation of purulent matter, and which, in only one instance of all the dissections which I witnessed, or were reported to me, ended in the formation of coagulable lymph,

During the winter I occasionally observed cases similar to some of those which occurred in the preceding spring, marked by early prostration, pallid dejected countenance, the tongue as if dusted with chalk, with a triangular stripe of red at the apex, sunken features and stupor, the temperature being low, and the pulse by no means quick ; but these cases were intercurrents only ; the epidemic, in a vast majority of the cases, continued unaltered, petechiæ being early observable, and many being affected with severe pains in the loins, and pains and tenderness all over the body, which deprived them of the power of moving.

These universal pains, which often attended the

fever, were generally relieved by a combination of calomel and antimonial powder, repeated at intervals of four or six hours, and continued for two or three days ; a remedy which was also of great use as a preparative for the bark in several cases of rheumatic fever. I learn from some of the gentlemen employed in attending the sick in the Richmond General Penitentiary, that the severe pain and tenderness of the loins, which was a most distressing part of the disease in the summer of 1818, almost always yielded to leeches applied to the lower part of the spine.

In the third week of January, 1818, I had a case of exquisitely marked bronchial inflammation in No. 4 ; and in the dissecting room an inflamed state of the mucous membrane of the lungs was frequently observed : about this period coughs became rather more common, but cough was not a frequent symptom before the month of May, and even then it was rare compared with the preceding summer.

I never witnessed so large a proportion of patients in fever, jaundiced, as during the summer of 1818. Now, while I am drawing up this report (July 1818) we have what would have been counted by some of the older writers, a strongly marked biliary constitution, which they would probably have referred to the uncommon and long continued heat and drought of the season. The great majority of these cases probably depend upon congestion and active absorption of the bile. The icteroid colour generally yielded to leeches applied to the right hypochondrium, or cup-

ping and scarifying, sometimes blisters and a solution of neutral salts, to which a few doses of the blue pill were generally added ; but many of the cases of this affection doubtless admitted of a spontaneous cure. One patient in fever, in the upper rank of life, became jaundiced on the sixth day of his disease, who had taken calomel every night at bedtime, and castor oil in the morning ; after the appearance of the yellowness of the skin he continued to take three grains of calomel at bedtime with half a grain of opium, and generally a purgative in the morning, for six nights more, at which period the fever left him, the yellowness having previously become faint. Moreover, there were frequently observed two kinds of icteroid fever, which were unconnected with any peculiar epidemic constitution. First, in those who laboured under a diseased condition of the biliary organs (porter, punch, or whiskey-drinkers) ; and under this head two cases are to be referred to, in which gall stones were found impacted in the cystic or common duct. Secondly, in some of those who had been much neglected at the outset of their illness, and who had been reduced in health when the fever seized them ; with these the change of complexion was sudden, and death followed at no great distance of time ; according to the nurses the change was often instantaneous :—“ Sir, I went to warm a drink “ for him, and when I returned he was as yellow as “ a lemon.” Representations of this kind have frequently been made to me, and, making every allowance for the *ideality* of the lower orders in this country, there is no doubt but that the change was often the work of a very short time.

In the month of March, 1818, the physicians to the House of Industry having found the fever wards obstructed by patients who were labouring under the sequelæ of fever, recommended the Governors to separate these patients from those who were actually in fever. To this, as to every suggestion of their medical officers, the Governors of the House of Industry paid immediate attention, and ordered all such patients as were not actually in fever, or were not in a state of progressive recovery from fever, or its effects, to be removed to the wards in the upper floor of the Whitworth Hospital. Anxious to study fever in its effects, and thus to complete my view of the epidemic, I obtained the charge of these wards, and discovered that the most common sequelæ were diseases of the mucous and serous membranes : tubercular consumption, called into activity by excitement of the bronchial membrane, and which always ran a rapid course ; hydrothorax and hydrocardia, hæmatemesis, dysentery, ascites, and ophthalmia. Chronic rheumatism was not infrequent ; and there were some other affections of more rare occurrence : mania, paralysis, hysteria, an affection, not confined to the female sex, resembling phlegmasia dolens. But the subject will be best illustrated by a tabular view, which the reader will find at the end of this report.

The following tables are constructed in imitation of table I. and II. in my first report, prefixed to which there are some explanatory remarks, to which the reader is referred upon the present occasion.

It appears from the first column of the first table, that of the patients admitted 368 were males, and 333 were females ; and that the deaths among the former were twenty-six, while among the latter they were seventeen only.

Of the columns of general and topical bleeding it is observable, that seventy-seven patients were let blood twice, sixteen three times, nine four times, one five times, and one six times ; thus the number let blood was reduced to 371, and it was frequently to such as were let blood from a vein that leeches were applied.

Columns of wine, porter, and punch.—I never withheld wine when it appeared to me likely to be of the least use to a patient ; nay, sometimes I gave it to those who greatly longed for it, even when it appeared that they but little required cordial support ; notwithstanding which, the allowance, had it been equally apportioned, would not have given a pint each to 701 individuals. I have already remarked that there is but little economy in substituting punch for wine ; a physician who wishes to maintain discipline will not introduce punch into his wards. Perhaps I ought to acknowledge, that I cordially dislike both the sight and smell of punch, from having so often witnessed the ruin that ardent spirits, unmixed or diluted, brings upon the health and morals of the poor of this country.

With regard to table II. the reader is requested to observe, that the following persons died in less than twenty-four hours after their admission, viz. 348, Mary Kennedy; 369, Alice Conroy; 454, Rose Sweetman; 550, Cromwell Coghlan; 794, Matthew Lawler; 1147, Alexander Graham; 1877, James Reilly; 1192, Eliza Dempsey; 1415, Thomas Evans; and that 634, Pat. Tynan died in thirty-six hours after he was admitted. Secondly, That in 429, Peter Doolan, and 1666, Cicely Fox, the extremities were livid, and in 803, Mary Malone, the back was in a state of slough when they were admitted; and thirdly, that Catherine Fay died of hepatic abscess and abortion; 344, Joseph Saville, of chronic inflammation of the lungs; 446, Pat. Mahony, of paralysis; 480, Terence O'Neill, of hydrocephalus after insanity; 741, Catherine Farrell, of pneumonia; 558, Laurence Harris, of urinary abscess; 640, Pat. M'Coote, of inflammation of the stomach; 1237, Michael Magee, of sloughing of the penis; 1768, Jane Ryan, of consumption; and 2215, Edward Martin, of dysentery. Had such as were bona fide dying, when they were admitted into the hospital, been placed in a separate ward, the mortality, instead of being one in between sixteen and seventeen, would not have been one in thirty; nay, from December to the end of June, in our whole hospital establishment, it would not have been one in forty.

B. in the last column of this table, intimates that the patient was bled; N. B. that he was not bled; of

those who died of fever, very nearly two thirds were not let blood.

Most of the dissections which follow were made by Mr. Macdowell, on whose knowledge of anatomy and accuracy of description the reader may implicitly rely.

It was originally my intention to continue my labours in the Fever Hospital for another year, expecting, in a period of three years, to meet with most of the common varieties of the continued fevers of this country; but, by the resignation of my friend, Dr. Edward Percival, a part of the Hospitals of the House of Industry which does not contain any patients in fever, has fallen to my charge, and hence, as I no longer possess the same ample opportunities of observing the phenomena of fever, this shall be the last publication on that subject with which I shall trouble the reader.

TABLE I.

1817 & 1818.	Month.	No. of Ward.	No. of Admissions.	No. of Discharges.	No. of Deaths.	No. of Bloodlettings.	No. of Arteriotomies.	No. of Leechings.	No. of Cuppings.	P. Wine, No. of Ounces.	Punch.	No. of Pints.	Porter.	No. of Pints.
	April.	1 4	21 22	19 18	2 4	28 24	2	5	2	362 594			9	
	May.	1 4	54 55	50 33	4 2	50 22	2	1	2	524 244			1	
	June.	1 4	54 29	29 29	5	27 50	5	2		502 100			16	
	July.	1 4	28 29	27 28	1 1	15 20	5	10	1	442 466				
	August.	1 4	54 54	52 55	2 1	26 27	6	15	1	382 306		2		
	September.	1 4	39 30	55 29	4 1	51 26	5	19	1	566 552				
	October.	1 4	29 51	27 28	2 5	28 52		12		458 294				
	November.	1 4	57 50	53 28	4 2	19 16		17	2	228 498				
	December.	1 4	53 27	52 25	1 2	21 7	1	16	5	282 404				
	January.	1 4	25 21	25 21		17 12	16 10	22 20		416 492			2	
	February.	1 4	25 24	24 25	1	17 12	5 7	24 16	1	520 490			7	
	March.	1 4	29 21	28 21		18 15	5 4	27 16		166 172				
	Total, . . .		701	657	45	516	97	508	15	8860	7 $\frac{1}{2}$	56		

TABLE II.

Extracted from the Registry of the Hardwicke Fever Hospital.

No. of days sick before admission.	No. of the Register.	Name.	Age.	Religion.	Born.	Occupation.	Admitted.	Ward.	Died.	Remarks.
7	3	atherine Fay	26	R.C.	County Louth	Lab.'s wife	April 15	4	April 30	Hepatic Abscess.
10	34	Joseph Saville	31	P.	Co. Wicklow	Labourer	April 17	1	May 6	Chronic Inflammation of lungs.
7	348	Mary Kennedy	33	R.C.	County Meath	Lab.'s wife	April 17	4	April 18	Pneumonia.
3	36	Alice Conroy	26	R.C.	Co. Leitrim	Servant	April 23	4	April 24	Enteritis.
6	37	Robert Short	21	R.C.	Queen's Co.	Drayman	April 24	1	April 26	B.
6	37	M. Ann M'Mahon	56	R.C.	Dublin	Servant	April 25	4	April 29	B.
28	4	Catherine Duke	45	R.C.	County Dublin		May 6	4	May 16	N. B.
35	4	Peter D'elan	60	R.C.	County Dublin	Labourer	May 6	1	May 9	N. B.
35	446	Thomas Mahony	50	R.C.	Cork	Nailer	May 10	1	May 20	Paralysis.
2	444	Rose Sweetman	50	P.	Dublin		May 12	4	May 18	Apoplexy.
4	444	James Gough	41	R.C.	From England	Pedlar	May 15	1	May 20	N. B.
60	48	Terence O'Neill	29	P.	From House of Industry		May 20	1	May 25	Hydrocephalus after insanity.
6	53	Terence Hanlon	27	R.C.	County Louth	Labourer	June 9	1	June 10	B.
	570	Crom Coghlan	34	P.	County Down	Shoemaker	June 3	1	June 4	N. B.
60	55	Lau Harris	39	R.C.	County Cork	Coachman	June 7	1	June 27	Urinary Abscess.
7	63	Patrick Tynan	21	R.C.	Queen's Co.	Cooper	June 23	1	June 25	N. B.
3	64	Patrick M'Coot	57	R.C.	County Louth	Labourer	June 26	1	July 4	B.
6	74	Cath. Farrell	49	R.C.	Co. Dublin	Servant	July 21	4	July 27	Pneumonia.
7	761	Patrick Lunney	31	P.	Co. Fermanagh	Labourer	July 25	1	July 31	B.
7	74	Matthew Lawler	50	R.C.	Dublin	Servant	Aug. 2	1	Aug. 3	Speechless.
9	86	Mary Malone	22	R.C.	Dublin	Servant	Aug. 4	4	Aug. 8	N. B.
8	87	John Aungier	52	P.	Dublin	Silk Weaver	Aug. 11	1	Aug. 18	N. B.
5	104	Cat Cunningham	40	R.C.	Donegal	Servant	Sept. 6	4	Oct. 3	N. B. Leeched.
	114	Alex. Graham	61	R.C.	Dublin	Cutler	Sept. 16	1	Sept. 17	N. B.
	123	Mich. M'Gee	28	R.C.	Monaghan	Sinith	Sept. 23	1	Oct. 1	Sloughing of Penis.
	124	Dennis M'Guire	52	R.C.	County Meath	Labourer	Sept. 23	1	Sept. 27	N. B.
7	1510	Simon Taylor	41	R.C.	Jamaica	Saddler	Oct. 12	1	Oct. 22	N. B. Leeched
6	1632	Andrew Lawler	56	R.C.	Queen's Co.	Carpenter	Oct. 19	1	Oct. 30	B.
7	1667	Cecily Fay	33	R.C.	Galway	Servant	Oct. 21	4	Oct. 25	Arteriotomy.
7	1710	Eliza Loftus	37	P.	Derry	Servant	Oct. 25	4	Nov. 13	B.
10	174	Jane Ryan	41	R.C.	Dublin	Servant	Oct. 28	4	Nov. 18	Consumption.
21	1877	James Reilly	41	R.C.	County Meath	Labourer	Nov. 8	1	Nov. 9	N. B.
6	2621	Hugh Reilly	30	R.C.	Cavan	Labourer	Nov. 18	4	Nov. 28	N. B. Leeched.
6	207	Anne Keane	55	R.C.	Queen's Co.		Nov. 20	4	Nov. 30	N. B.
8	205	Eliza Herne	19	R.C.	Dublin	Servant	Nov. 20	4	Nov. 25	N. B.
3	221	Edward Martin	11	R.C.	Dublin		Nov. 30	1	Dec. 4	B.
5	2210	Phillip Mills	46	P.	U. merick	Watchman	Nov. 30	1	Dec. 7	N. B.
2	2295	Arthur Magee	45	R.C.	Armagh	Labourer	Dec. 4	1	Dec. 21	B.
3	431	Eliza Willis	4	R.C.	King's County	Servant	Dec. 20	4	Jan. 4	B.
4	476	Anne Mooney	40	R.C.	Co Westmeath	Servant	Dec. 28	4	Jan. 1	
4	1192	Eliza Dempsey	30	R.C.	Queen's Co.		Feb. 13	4	Feb. 14	N. B.
6	1415	Thomas Evans	53	P.	King's Co.	Shoemaker	Feb. 19	1	Feb. 20	N. B.

343, Catharine Fay, was admitted on the 7th of April on the 8th day of her illness, she had hectic fever which appeared to arise from an hepatic abscess, for, along with rigors, she had pain in the right hypochondrium, dry cough and irritability of the stomach, and she became deeply jaundiced. After aborting on the 29th, she was seized with convulsions and died shortly after.

344, Joseph Saville, admitted on the 17th day of April, was an emaciated enfeebled old man, who had been in a fever for three weeks, but as his pulse was only 72, and temperature 98° , it seemed to have subsided, leaving him with a cough, oppression at the chest, and difficult expectoration; so neglected had he been that for five days previous to his admission he had been without a stool. His pulse soon became quick, the oppression of his breathing was accompanied with a circumscribed flush of his cheeks, hectic fever became confirmed, and he died on the 6th of May.

348, Mary Kennedy, subject to a short cough and dyspnoea, was admitted on the evening of the 17th day of April, on the 9th day of her illness, which arose from the fatigue of travelling for several days under a heavy burthen. The symptoms of her complaint on the 18th were cough, oppression of the chest, expectoration of yellow mucus, livid flushing, headache, pains in her bones, great thirst and constipation for four or five days. P. 130, Resp. 44, Temp. 100° .

Abtradantur Capilli. Mitt. Sanguis ad 3 vi.
Fov. Crura. Vesicatorium amplum Pectori. Decociti
senekae 3 i, 4tis horis.

Blood, with a thick coating of pale size, not less than three-fourths of an inch ; crassamentum dark and grumous. In the evening she became faint and lethargic, and died about eleven o'clock, p. m.

DISSECTION.—The liver extended considerably below the margin of the ribs. The stomach, containing a considerable quantity of fluid, was greatly distended with flatus. The lower part of the jejunum was more than usually vascular. The right lung did not recede like the left ; it was much enlarged, and was connected by recent adhesions, easily broken up, to the diaphragm and pericardium, and at the upper and back part to the pleura costalis ; although it appeared more than usually solid, it broke down with ease under the finger. The left lung was healthy externally. The mucous membrane of the trachea was inflamed, and the inflammation extended into the bronchiæ. A considerable quantity of puriform matter flowed from the cellular structure of the lungs. The increased size of the right lung accounted for the descent of the liver. The right side of the heart was greatly distended with coagulated blood. There was a small quantity of fluid in the lateral ventricles of the brain.

369, Alice Conroy, æt. 26, from a lane chiefly inhabited by prostitutes, admitted on the 23d of

April. She was seized on the 21st, in the evening, with chills, which were speedily followed by a pain in the abdomen which never ceased. Its principal seat was round the navel, and it was so agonizing that she screamed without ceasing during the nights of the 21st and 22d. The abdomen was tumid, especially round the navel; it was very impatient of pressure. She had had no stool; she instantly vomited every thing she swallowed. Her countenance was pale, her neck and breast were covered with petechiæ, her arms and legs were of a livid mottling, and cold. She had great thirst; her pulse was not discoverable, her respiration was 38. I could not discover any herniary tumour. She importuned me so pitifully to have something done for her relief, that I directed the apothecary to open a vein, from which only six ounces of blood were allowed to flow, as she became faint.

Enema terebinthinatum. R. Opii grana, Hydrargyri submuriatis grana quinque, M. f. Bolus sum. tertii horis.

Three o'clock. She had passed two stools, consisting almost entirely of blood.

She lingered till the morning of the 24th.

DISSECTION. A quantity of foetid gas escaped on opening the cavity of the peritoneum, which contained nearly two pints of dark coloured fluid, like blood mixed with water. The liver had the universally tuberculated structure, which is frequently found

in incorrigible drunkards, who perish in youth. The stomach contained a greenish fluid not unlike faeces, on removing which, however, it appeared perfectly healthy. The jejunum was intensely inflamed throughout its whole extent; about a foot from its commencement it became black; on raising its serous membrane, this dark colour seemed principally in the muscular coat; the mucous membrane was of a deep crimson colour. The intestines at this part contained a fluid nearly as black as ink; advancing towards the ileon the inflammation diminished, the lower part of the ileon was in a state nearly natural. The ascending position of the colon under the liver resembled the jejunum. There was nothing remarkable in the rest of the alimentary canal.

374, Robert Short. This man's case, together with the dissection, has been given in the body of the report v. p. 24. as also the case of

376, Mary Anne M'Mahon, v. p. 21.

426, Catherine Duke was reported to labour under an ague, probably a double tertian, for she had a rigor every day. In a day or two after her admission, the course of her complaint was interrupted, and she appeared to labour under a continued fever. On the 6th day after her admission her chest became oppressed; the bark, which she was taking, was stopped, blue pill with ipecacuan was prescribed, and she was blistered. Her respiration became very laborious,

and she had an oppressive cough. She died on the 10th day after her admission.

429, Peter Doolan, May 7. Had cough all the winter. Had laboured under his present illness for nearly six weeks: headach, oppression at the chest, severe cough, with free expectoration, soreness in the epigastrium, thirst. Brown stripe in the centre of the tongue, edges white. Bowels free: feet cold. Considerably within a period of four hours, and after bottles of warm water had been applied to the feet to remove their coldness, the natural colour of the right leg was changed to purple. P. 116, very small. Resp. 44, laborious. Temp. 98. *Vesicatorum sterno. Pilulae calomelanos cum Ipecacuanha.*

May 8. Moribund.

446, Thos. Mahony, an exhausted old man; of this man's case we were able to collect but a very imperfect account. There was no one in the house with him during his illness but a little girl, who said that for five weeks he had been in the habit of rambling about the house without any apparent intention, and that being very feeble, he frequently fell to the ground. On admission he complained of headach, and of the state of one of his arms, which was completely paralysed; he affirmed that his bones were all broken; he continued muttering and raving, passing his stools in bed, and he died on the 10th day after admission.

454, Rose Sweetman, was an incorrigible drunkard,

and was brought into the hospital labouring under apoplexy, of which she died in a few hours after the visit.

464, James Goff, May 16, sixth day of fever, P. 104. Resp. 32. Temp. 106°. Flushed countenance; inflamed eyes; brown tongue—dry central line, white edges; thirst. Restless delirium, anxiety, debility; severe pain over the eyes, and in his loins; had been without a stool for three days. *Bolus e calomelane.*

May 17. Four stools. *Pulv. Ipecacuanhæ gra. xx.*
Mist. sennæ cum camphora.

May 18. Four stools. Pulse 80. Refused his medicine. *Vesicatorium Nuchæ. Vini ʒ vi.*

May 19. Two stools. Refused wine. Resp. 48, and moaning; insensible; extremities comfortably warm; an abundant crop of vesicles with florid edges appeared after the visit of yesterday. *Enema commune.*

May 20. Hands, back, and shoulders of a purple colour; extremities warm.

May 21. Died at eleven, p. m. after an attack of convulsions.

480, Terence O'Neill, May 20, a lunatic, was admitted after an illness of two months; his tongue was white, and he complained of headach and cough.

Resp. 24. Temp. 98° . Pulse 72. He died on the 25th of May. The principal appearances of disease were in the head. There were six or seven ounces of fluid in the ventricles, and a large ossification of the falx.

539, Terence Hanlon, 3d of June; the sixth day of his illness. Countenance flushed; temperature high, skin covered with dun petechiæ; P. 108; vertigo; severe headache and great debility. Oppression of chest, severe cough, with difficult expectoration, tinged with blood. Bowels costive, apex of the tongue florid, base covered with yellow mucus; considerable thirst. *Mitt. Sang. ad 3 viii. Bolus e calomelane.*

June 4. Delirious night, flushing. T. brown and dry. *Abradantur Capilli. Mistura Sennæ cum camphora. Foveantur crura.*

June 5. Very delirious. Three natural stools. Tongue dark and dry, unable to protrude it. P. 120. *Mitt. Sanguis ex arteria Temporali ad 3 viii. Cont. alia.*

June 6. Wandered all night through the wards. One stool. Tongue shrivelled up and black. Feet and legs beset with purple petechiæ. *Bolus e calomelane. Vesicatorium nuchæ.*

June 7. Only one stool. Muttering delirium, restlessness, subsultus, floccitation. *Misturæ Purgantis 3 i. tertiiis horis. Enema. Vini. 3 iv.*

June 8. Three inconsiderable motions. Flushing. Subsultus to a great extent ; refused wine : P. 116 ; R. 38 ; Temp. 95°. *Porter or Punch. Bolus e calo-melane sextis horis ; Vesicatoria suris. Enema.*

June 9. Large fœtid discharges from his bowels ; less subsultus. Spit out the porter. P. 120 ; Resp. 40 ; Temp. 97°, *Punch.*

June 10. Died about 9 o'clock, a. m.

DISSECTION. On raising the dura mater we found that effusion had taken place between the arachnoid membrane and pia mater. Towards the back part of the left hemisphere, and at the anterior part of both hemispheres, the pia mater was highly inflamed. The ventricles contained between three and four ounces of fluid. The plexus choroides was rather more pale than usual. The pia mater covering the pons varolii was unusually vascular. There was no distinct appearance of recent disease in any other part of the body.

550, Cromwell Coghlan, June 4. Admitted on the evening of the 3d June, in the fifth day of his illness. He then complained of a stitch in his left side ; troublesome cough ; great debility and thirst ; tongue brown in the centre ; pulse 120 ; resp. 32. He had been let blood, and had taken purgatives with relief before admission. In the course of the night he had two stools. He complained of pain in the left side ; he was pale, with sunken eyes ; had short oppressed cough, rapid and small pulse. He died in the course of the evening.

568, Laurence Harris. This man's case is related at p. 27.

634, Patrick Tynan, June 24. Admitted in the evening of the 23d, from a house in which there were several persons in fever. He wandered about the wards in a state of restless delirium. Tongue blackish brown ; eyes suffused, countenance flushed, subsultus tendinum ; skin covered with florid petechiæ, legs and hands cold and livid ; right leg purple ; he fell into a state of stupor in the night, and died in the course of the morning of the 25th.

640, Patrick M'Coote, June 27th. Had been about a fortnight sick, when he was admitted into the hospital. He had previously been affected with a cough and oppression of the chest. Pain and soreness at the scrobiculus cordis ; cough and expectoration of mucus mixed with blood ; nausea, vomiting ; severe headach, restlessness, lassitude and debility. *Mitt. Sanguis ad 3x. Vesicatorium Epigastrio. R. Pilulæ Hydrargyri, Pulveris Ipecacuanhæ comp̄siti, aa drachman dimidiam. f. Pil. duodecim. sumat. unam quartis horis.*

June 28. Relief after blood-letting ; four stools ; pulse 100 and hard ; is unable to lie down in bed. *Mitt. Sanguis ad 3xii. Cont. Pil.*

June 29. Relief after blood-letting. Mucous vomiting ; pain in the course of the sternum aggra-

vated by coughing. *Mitt. Sanguis. Vesicatorium Sterno. Cont. Pil.*

June 30th. Vomiting continued. *Solutio sulphatis magnesiæ in infuso rosæ. Haustus salinus.*

July 1. Four stools. Load and oppression in the whole course of the sternum. *Pil. Hydrarg. grana quinque, h. s. Haustus purgans primo mane.*

July 2. Weak and desponding ; bowels free ; *Vesicatorium inter scapulas. R. Mist. Camphoræ unciam, Tinct. opii camphoratæ semidrachmam. m. f. haustus, quartis horis sumendus.*

July 3. Great languor, debility and depression of mind. Lethargic ; pulse 80 ; return of sickness. *R. opii grana duo, culomelanos grana duodecim, conservæ Rosæ q. s. f. pilulæ sex, sumat unam quartis horis.*

July 4. While at the night chair, he was seized with convulsions, and died in a few minutes.

DISSECTION. Liver, which appeared large, was in a state of biliary and sanguineous congestion. Stomach, which was distended with gas, contained a small quantity of fluid, of an inky colour, mixed with mucus. The stomach was flabby and uncontracted ; its mucous membrane thickened, florid, from innumerable points of extravasation, and coated with a very tenacious mucus,—opaque and yellow. The

inflammation of the mucous membrane extended to the duodenum, jejunum, and some parts of the ileum, the lower part especially. Some of the intermediate parts were sound. The small intestines, although in general dilated, were in some parts very remarkably contracted. The trachea was full of frethy mucus, its mucous membrane was slightly inflamed. There were several pints of serum in the right cavity of the pleura.

741, Catherine Farrell, July 21st. Seventh day of her illness, which she attributes to cold. Temp. 103° . Skin dry; much flushed. Tongue dry, and coated with yellowish mucus, thirst, foul taste; stitch in the right side, oppression at the heart, laborious respiration, cough and expectoration tinged with blood; severe headach, restlessness and debility. *Mitt. Sang. ad 3 x, Mist. & Pilulæ purgantes.*

July 22. Bowels free. Pain of side, and oppression at the heart. Expectoration free. *R. Pilulæ Hydrargyri 3ss, Pulveris Ipecacuanhæ grana octo, f. Pilulæ duodecim; Sumat unam 4tis horis.*

July 23. Three stools. Temp. 104° . Respiration heaving; some expectoration, which was bloody. Tongue much loaded, with livid edges. *Mitt. Sanguis. Vesicatorium amplum Pectori. Cont. Pilulæ.*

July 24. Considerable relief after blood-letting. Blood sisy. Temp. 104° . *Cont. Pilulæ. Mist. Camphoræ cum tinctura opii camphorata.*

July 25. *Mitt. Sanguis ad ʒx. Vesicatorium interscapulas.*

July 26. Blood sизy. Bowels free ; respiration improved. *Cont.*

July 27. She was reported to have become suddenly yellow about two o'clock yesterday ; in the evening, the breathing being much oppressed, she was let blood, by the apothecary, to the amount of eight ounces. Blood cupped and buffed. She died about two o'clock in the morning.

DISSECTION. Thirty-two hours after death. On cutting into the cavity of the thorax, the lungs did not recede. The left lung was free from any adhesions, and was perfectly sound. The right lung, throughout the greatest extent of its convex surface, was adherent to the parietes, partly by long filaments, but chiefly by a close connexion. The adherent pleuræ were thickened and opake. The upper third of the lung was healthy, the remaining portion was firm and incompressible like liver ; there was a distinct division between the two portions of lung, the sound portion terminating as abruptly as the diseased commenced. The disease seemed to consist in an increase of the solid substance of the lung : its colour grey, with dirty yellow intermixed. Fluid of the appearance of pus could be expressed from the divided bronchiæ. The diseased part of the lungs sank rapidly in water. No diseased appear-

ance was discoverable in the brain. The abdominal viscera were sound.

761, Patrick Lunney, 26th July. Eight days ago he incautiously lay down on the ground in the evening, and continued there for a considerable time ; in half an hour after getting up he had a rigor, which was followed by pain across the breast and severe headache. He had flushing of face, and inflamed eyes ; cough ; dry tongue with florid edges. Pulse 120. Temp. 102°. measly efflorescence all over the skin. Bowels free. *Mitt. Sang. ad 3x.**

July 27th. Temp. 106°. Inflamed eyes. Hard cough and soreness of the chest. Vomiting of bright bile, and epigastric tenderness. *Vesicatorium pectori. Solutio sulphatis magnesiae in infuso Rosae.*

July 28th. Temp. 105°.

July 29th. Four stools. Pulse 82, and very irregular. Temp. 103°. Resp. 44. laborious ; dry cough ; tongue dry ; supine ; great debility. *Bolus e calomelane. Vini 3vi. For. crura.* †

* This is one of the patients in whom the temperature rose after bleeding. The following are the particulars of the experiment :

July 26. 12 o'clock. Temp. 102°.

Arm tied up, and ten ounces of blood quickly taken away.

10 m. p. 12.	Temp. 102°.
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$\frac{1}{2}$ p. 12	103°.
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40 m. p. 1	105°.
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† There is a note made after this day's report, of which the following is a copy :

July 30. Pulse so weak and irregular as not to be countable. Respiration laborious and frequent. Tongue moister; extreme debility. *Cont.*

July 31st. Death in the morning.

DISSECTION. Serum of a reddish colour issued from under the dura mater. There were several bright red patches, which arose from an increase of vascularity of the pia mater on the surface of the brain. The brain was firm. With the exception of about two ounces of fluid in the pericardium, every thing appeared natural in the thorax. The liver was soft in texture, easily torn, and of a brown colour. There was a broad and firm adhesion of the arch of the colon to the concave surface of its right lobe. The rest of the abdominal viscera appeared healthy.

794, Matthew Lawler. No account could be obtained of this man's illness. When admitted on the 2d of August, he was in a state of low muttering delirium. He was affected with singultus. His pulse was intermitting and thready. His complexion dusky red. He died on the morning of the 3d.

DISSECTION. Under the pia mater, which covered the inferior half of the left hemisphere of the brain,

5 minutes after taking 2oz. wine. Temp. 105°

15 minutes after 105°

30 minutes after 105°

by which it should seem that 2 oz. of port wine had raised the temperature 2 degrees.

there was a very thin layer of effused blood in a fluid state. The pia mater corresponding was of a bright red colour. There were numerous patches of the same colour on the pia mater, covering the right hemisphere. The tunica arachnoides, between the convolutions, was thickened and opake. The substance of the brain was very firm. The whole of the convex surface of the right lung adhered to the pleura. There was increased vascularity of the mucous membrane of the stomach in patches and minute dots, some dark, others bright red ; giving an ecchymosed appearance to its inner surface, which was coated with tenacious mucus. A similar appearance was observable in the ileon.

893, Mary Malone, August 4. The 10th day of her illness ; face flushed, eyes suffused ; tongue very florid, with a brown stripe. Temp. 103°. Pulse 180. Resp. 60, moaning. Some florid petechiæ. Had no stool for four days, during which period she had been in a state of delirium, and great restlessness. Upon examination, there were found large purple patches on her hips and sacrum. She came from the same house with Cosgrave in No. 3.

August 6. Very delirious ; cannot protrude her tongue, nor articulate. Large purple patches on the legs, pulse indistinct, but very rapid, constant moaning. Refuses all medicine, and will not drink anything but water.

August 7. Involuntary stools ; breathing very

rapid ; subsultus ; livid patches on her feet. Temp. 104°. Drinks punch.

August 8. Death in the night.

DISSECTION. Arachnoid membrane between the convolutions of the brain was much thickened and opake, and contained under it a gelatinous substance. The pia mater was very vascular ; in several places there were dark red patches, which seemed to be produced by extravasation, as vessels could not be distinguished. There was no blood between the membrane and the brain at those places. The veins between the convolutions of the brain were distended with blood ; the texture of the brain was rather firmer than usual ; there was scarcely any fluid in the ventricles. No diseased appearances were discoverable in the viscera of the thorax or abdomen, save a few arborescent patches of the small veins of the mucous membrane of the stomach.

829, John Aungier. A worn-out man, who, from being in comfortable circumstances, had fallen into poverty. August 11th. He had been ill about a fortnight ; slept well ; had no complaint but weakness. Tongue moist, covered with cream-coloured mucus ; no thirst ; bowels confined. *Pilulæ Purgantes. Mistura Purgans.*

August 12. Four involuntary stools. Measly efflorescence of the skin ; tongue black and dry ;

some cough. *Vesicatorium Pectori. Vini ʒiv. Mixture Sennæ cum Camphora.*

August 13. Doses much. Three involuntary stools. Involuntary urine. *Fov. Crura. Mist. Camphoræ cum Aqua Ammoniæ acetatis. Vini ʒvi.*

August 15. Coughed and retched all night. Tongue dry and brown. Epigastric tenderness; great debility. *Vesicatorium Epigastrio. Vini ʒvi.*

August 16. After a miserably restless night, a large parotid was discovered this morning on the right side. Pulse feeble and intermitting. Extremities cold; moans much. *Fov. Crura. Haustus Anodynus.*

August 17. Death,

DISSECTION. On cutting into the tumour it was found to be very vascular; the granules composing the parotid gland were much enlarged, and firmer in their texture than natural, and seemed separated from each other by distinct filaments derived from the capsule of the gland, which was remarkably distinct and firm.

1004, Catharine Cunningham, Sept. 6. Had great headach, oppression of the chest, cough, tongue white and moist.

Sept. 8. Severe headach. *Abiad. Capilli. Mist. Sennæ et Camphora.*

Sept. 14. Convalescent. Full diet.

Sept. 16. After dinner a sudden attack of severe pain in the bowels, followed by mucous and bloody stools.

Sept. 17. Almost uninterrupted vomiting; very great pain in the abdomen.

Dec. 3. Death from unconquerable dysentery.

Mary Kelly, Sept. 7. This patient during her convalescence, was attacked with a painful oedematous swelling of the right leg and thigh, like phlegmasia dolens, which was by no means uncommon after fever, and it was attended by a dysenteric affection, of which she died. This patient's name does not appear in the registry, she having been a deputy nurse of the ward in which she died.

1147. Alexander Graham was brought into the hospital in a dying state, and expired some hours before the visit.

1237, Michael Magee, when admitted into the hospital, had inflammation of the penis, with ulcers under the prepuce, but being in a state of complete satiety, we could not obtain any history of his complaint. The inflammation terminated in sloughing of the penis, which he survived only two days.

1245. Dennis Macguire was an emaciated, ex-

hausted man ; he had a severe cough, and was unable to expectorate. He was a subject for palliatives merely.

1510. Simon Taylor. Five of this man's family were in fever. Oct. 13th, eighth day of illness. Three stools since his admission. He was pale, felt cold and weak ; tongue dry and red in the centre ; edges moist, covered with cream coloured mucus ; foul taste ; some epigastric tenderness ; deaf ; averse to light ; complained of pains in his eye-balls ; slight cough. P. 112. R. 28. T. 103°. *Mist. sennæ cum Camphora.*

Oct. 15. Epigastric tenderness. *Hirudines* *oc.* *to Epigastrio.* *Solutio Sulphatis Magnesiae.*

Oct. 16. Great stupor and deafness, with much debility ; cough, with free expectoration of pale yellow mucus. Pulse 140, Resp. 40, and laborious. *Pulv. Ipecacuanhæ gra. xx.* *Vesicatorium inter Scapulas.* *Vini ʒiv.*

Oct. 17. Vomited whitish mucous matter. One stool. Stupor ; deafness ; cold feet ; pulse 120. *Vesicatorium Capiti.* *Fov. Crura.* *Mist. Sennæ Camphorata.* *Vini ʒvi.*

Oct. 18. One stool. Moaned and raved for about two hours ; slept the rest of the night. Great deaf-

ness. Tongue covered with a dry brown crust. Pulse 132. *Vini ʒviii. Contr. alia.*

Oct. 19. Three stools. Slept pretty well. Incoherent; tongue covered with a dry black crust; protruded with difficulty, and not drawn in till repeatedly desired. *Contr.*

Oct. 20. Three stools. Supine. Muttering delirium. Pulse 124. Refuses every thing but the wine. *Vini ʒx. Vesicatoria suris.*

Oct. 21. Three stools. Raved all night. Cough without the power of expectoration. Considerable epigastric tenderness. Sighing. Pulse 124; feeble. Resp. 23. Cold extremities.

Oct. 22. Subsultus. Black crust on the gums and lips. Surface of the body cold. Pulse indistinct. Many flies settle upon him.

Oct. 23. Death.

DISSECTION.—Not permitted.

1633. Andrew Lalor, an infirm man, with all the appearance of age. Oct. 20, 7th day of fever. Much tenderness of the epigastrium. *V. S. ad ʒviii.*

Oct. 22. Tenderness of the epigastrium not relieved. *Hirudines x. et Vesicatorium.*

Oct. 24. Two stools. Pulse 88; intermitting. Loose cough; tremors; subsultus; vertigo; incoherent delirium. Tongue covered with a dry brown crust.

Oct. 26. Very uneasy night. Tongue covered with a dry black crust; protruded with difficulty. Tremulous motion of the inferior maxilla. Subsultus; moaning; pulse 108,—intermitting. Slight cough.

Oct. 27. Two stools. Supine; muttering. Pulse 120; laborious respiration (60). Tenderness of the epigastrium. Swelling of the right parotid gland.

Oct. 28. Death.

DISSECTION.—Not permitted.

1666. Cecily Fay, æt. 36, Oct. 22. 7th day of her fever. No stool for twenty-one days; one since admission. Pulse 120. Resp. 40. Countenance livid; eyes inflamed; headach; thirst; tongue with a black crust in the centre. Gums and lips covered with black sordes. Great debility. On admission her feet were cold and livid; they are now of a natural heat.

Oct. 24. Three involuntary stools. Tongue with a black crust. Debility. Short, hurried and moaning respiration (60) P. 123.

2 o'clock. Face quite black. *Mitt. Sang. ad*
3viii. ex Art. Temporali.

The blood was taken in two cups ; that in the first separated into serum and crassamentum, which was buffed and cupped ; that in the second was uniformly coagulated, and but little serum exuded from the coagulum, which was without size.

Oct. 25. Very restless night. Meaning, laborous respiration, countenance and nails livid ; unable to protrude her tongue. She died at two o'clock, p. m.

DISSECTION.—The sinuses of the dura mater were full of blood in a fluid state. On slitting round, and elevating the dura mater, there issued a reddish fluid in quantity about two drachms. On each convex surface of the cerebrum there were large patches of a deep red colour, and numerous smaller ones presented themselves ; they appeared to be produced by extravasated blood, but on elevating carefully the pia mater, none was found between that membrane and the surface of the cerebrum, the appearance being caused by a great increase of the natural vascularity of the pia mater, and by the contiguous capillary vessels being injected with blood. The arachnoid membrane was unaltered. The brain was remarkably firm ; its sections shewed an increase of vascularity. There was no fluid in the ventricles. No appearance of disease could be detected in the viscera of the thorax or abdomen.

1710, Eliza Loftus. This was a case of fever supervening upon dysentery. Admitted on the 25th of October.

Oct. 29. Slight headach, increasing at night ; general pains ; skin hot and dry ; thirst ; stools rather less frequent, still mixed with blood ; pulse 86.

Nov. 8. The diarrhœa had returned again. Frequent stools with griping. Much debility. Sensation of internal heat. Tongue preternaturally red and dry.

Nov. 11. Frequent pain in the bowels. Abdomen tender on pressure. White fur at the base of the tongue which is red and dry at the apex. Belly rather confined. General pains. Some retching. Considerable weakness and appearance of great distress. Pulse scarcely to be felt.

Nov. 13. Death.

DISSECTION.—Two pints of an opaque yellowish fluid in the cavity of the abdomen. Numerous adhesions of the intestines to the peritoneum. The peritoneum red and marbled ; its texture thickened, and its surface covered with a layer of coagulable lymph, which could be easily torn off. Some portions of the omentum were thick, fleshy and red. The intestines, adherent by means of a thick layer of coagulable lymph, formed, as it were, one single mass.

The mesentery was red and much increased in thickness,—equal in some places to the fleshy portion of the diaphragm. The surface was also covered with coagulable lymph. The mucous membrane of the ileum was highly inflamed for the extent of twenty inches, beginning at a foot from its termination in the cœcum. The increased vascularity was more observable on the valvulae than in their intervals. In the inner surface of the sigmoid flexure, where it terminates in the rectum, there were many red blotches. The whole surface of this portion of the colon was of a light red colour. The right lobe of the liver was larger than natural; it was easily lacerated. The gall-bladder contained about two hundred calculi of a yellow colour, with angular surfaces, and very friable. The thoracic viscera were sound.

1743, Jane Ryan. This patient was far advanced in consumption, and died of colliquative diarrhœa.

1877, James Reilly. Died on the morning after he was admitted, and before I saw him.

2021, Hugh Reilly. Admitted on the 18th of November, on the 7th day of illness. Nov. 21, headach; eyes suffused; delirious for the last two days; great debility; skin covered with dun petechiæ, and jaundiced; tongue with a brown fur; much thirst; belly loose; tenderness in the right hypochondrium; cough; pulse 136. *Misturæ Sennæ*

cum Camphora uncias sex, Tinct. Opii Camphoratæ drachmas. iii. m. Sumat unciam quartis horis. Vesicatorium inter Scapulas. Fov. crura.

Oct. 22. Delirious all night; sleep at intervals; belly loose; some degree of tympany; urine and stools yellow; pulse 100. *Haustus Olei Ricini cum Oleo Terebinthinæ. Cont. Mist.*

Oct. 23. Stools more natural. Abdomen less swelled. Pulse 92. *Cont. Mistura.*

Oct. 24, Violently delirious all night. Urine and stools less yellow.

Oct. 25. Became suddenly worse last night. Fell into a state of stupor and insensibility. *Bolus e Calomelane. Vesicatorii Suris. Vini. 3vi. Mist. Camph. Unciam, Sp. Æth. Oleosi. gutt. xv. 4tis horis.*

Oct. 28. Death in the evening of the 27th.

DISSECTION.—The liver small, especially the right lobe; it was studded with small brown tubercles, hard in substance, and of a dirty brown colour. There was a small quantity of black bile in the gall bladder. The stomach was small, contracted, and nearly empty. The contents of the duodenum and a great part of the jejunum were of a deep yellowish brown; then they became of a bright yellow; brown again at the end of the ileum, and lastly, of a dark brown

in the colon, and consistent, and towards the rectum almost black. The spleen four times its natural size. All the veins in the abdomen were large. The heart and lungs were sound. There was a greater degree of vascularity than natural on the surface of the brain, and some aqueous effusion between the arachnoid and pia mater: these membranes were found thicker, more firm and opake than in their sound state. A small quantity of blood was effused into the ventricles, the sides of which were very vascular.

2055, Anne Keane, admitted on the 20th Nov. on the 7th day of her illness. Nov. 21st, severe headach, singing in her ears; much debility and febrile anxiety. Epigastrium very tender; tongue covered with a dry brown crust, great thirst; belly regular; stools, urine, and skin of a deep yellow; skin hot; severe general pains. *Abra* *dantur Capilli.* *Hirudines octo* *Epigastrio.* *Solutio sulphatis Magnesiæ in infuso* *rosæ.*

Dec. 1st. She became delirious on the morning of the 30th of November, and continued so till evening, when she fell into a state of insensibility. She sweated profusely in the night; the sweat was neither cold nor clammy, and there was no previous tremor. She died this morning. Previous to the 30th no symptom occurred which indicated immediate danger, but she was in a state of great debility. The nurse of the ward, volunteering an opinion, said, that "she died in the cool, not having strength to throw it out."

DISSECTION. The viscera of the abdomen appeared sound ; the biliary ducts were very large ; the stomach contained a greenish yellow fluid, which was curdled ; that in the duodenum was more viscid, and of a deep orange colour ; the fluid contents were of a bright yellow colour in the jejunum, at the termination of which they approached in colour to bile ; the contents of the large intestines were of a dark brown ; the yellow fluid in the small intestines tinged water like bile. The mucous surface of the stomach was unusually vascular ; it was of a dusky red colour, and mottled appearance, particularly in the left extremity and small curvature, but in dissecting off the membrane it did not appear thickened or otherwise diseased ; the liver was soft and flabby, not of its usual firm and brittle texture ; the gall bladder contained very fluid bile. There was increased vascularity of the surface of the brain : the veins being turgid and dark, the small vessels much injected and florid ; there was a considerable quantity of serum under the arachnoid, which, with the pia mater, was thickened, firm and opake. A section of the cerebral substance presented a considerable number of bloody dots. The ventricles were filled with serum, but not enlarged. There was no unusual vascularity of their sides, the plexus choroides was pale and small.

2059, Elizabeth Hearne, Nov. 22. Eleventh day of fever. In a state of violent delirium : hallucinations ; Did not answer questions ; subsultus tendinum. She sweated profusely last night after a rigor ; more

quiet since. Bowels free, P. 132. *Mist. sennæ cum camphora & Tinct. opii camphoratæ.*

Nov. 23. Bowels confined ; more composed ; raved at times, but was not violent ; slept a good deal ; she was in general insensible. She sweated profusely last night. Pulse indistinct and irregular ; subsultus ; tremor. *Bolus Calomelanos. Vini ʒiv.*

Nov. 24. One involuntary motion ; delirious and violent all night. On the evening of the 23d, affected with rigor, which still continues ; debility. *Vesicatorium capiti. Cont. Mist.*

Nov 25. Death.

DISSECTION. This woman was of low stature, thin and emaciated. The surface of the brain was florid and very vascular. There were large red patches on the sides of the hemispheres, which arose from effusion of blood under the pia mater. The section of the brain presented a number of red spots, some of them very large. The ventricles contained a small quantity of serum, which was tinged with blood.

The viscera of the thorax and abdomen were healthy.

2215. Edward Martin. This boy's was a case not of fever, but of dysentery, which resisted all the usual remedies.

2216, Philip Mills, Dec. 4. Tenth day of illness. Two stools. Severe headach, redness and suffusion of the eyes, anxiety and wildness of expression ; low muttering delirium. Pulse 60. There came out dun petechiæ on the 3d Dec. on which day also the low delirium was first observed, and his thirst abated. Tongue moist, with a thick white fur. *Vesicat. capiti. Fov. crura. Bolus calomelanos cum opio, 6tis horis.*

Dec. 5th. Two stools ; supine ; in a state of stupor ; livid cadaverous complexion ; great debility. Tongue dry, brown, and with difficulty protruded. The petechiæ had spread ; they were purple, and very thick on the back. Pulse not more than 80, indistinct, very weak ; subsultus. *Cont. Boli & Vinum.*

Dec. 6. Involuntary stools. Muttering delirium ; tremulous motion of the mouth. Convulsive twitchings of the eyelids ; cold clammy sweat. Tongue and lips covered with black sordes. *Vesicatoria suris, Cont.*

Dec. 7. Death.

2295. Arthur Magee, Dec. 7. Seventh day of his illness. Oppression of breathing, pain in the chest, cough. *Mitt. Sang. Vesicatorium inter scapulas. Pilulæ calomelanos cum ipecacuanha.*

Dec. 9. Bilious vomiting ; nausea ; very bad

taste ; abdomen tender on pressure. Tongue covered with a thick white fur. *Hirudines* viii. *Epi-gastroio.* *Vesicatorium circa umbilicum.* *Tart. sodæ* & *Kali* 3i. 4*tis horis, e cyatho juris.*

Dec. 10. Bowels free. Bitter taste, nausea and bilious vomiting ; hiccup ; skin of a yellow tinge ; great prostration ; stupor, with expressions of febrile anxiety ; some pain in the chest ; slight cough. *Vini* 3iv. *Pil. opii cum calomelane.*

Dec. 12. Pulse 98. The vomiting and hiccup had ceased. Slept well ; feels stronger ; complained of pain about the ensiform cartilage and a sense of suffocation ; severe cough with expectoration.

Dec. 13. Great debility ; cough ; slept well ; P. 110. *Vini* 3iv. *Mist. Camph. cum Tinct. opii Camph. Oranges.*

Dec. 13. Bowels confined. Pulse 98. Cough. Debility was not increasing. Tongue covered with dry brown fur ; gums black. *Vesicatorium Pectori.* *Bolus e Calomelane.* R. *Decocti senekæ* 3vi. *Tinct. opii camphoratæ* 3iii *Sacch.* 3ii. s. 3i. 4*tis horis.* *Cont. alia.*

Dec. 16. Bowels confined ; slept well ; complained much of the cough, which came on by paroxysms, and was attended with expectoration ; insufferable taste ; tongue moister ; gums and lips covered with sordes ; slept well, and was rather

gaining strength. *Rep. Bolus. Enema vesperi.*
Vini ʒviii. Cont. Mist.

Dec. 17. Slept ill ; large involuntary stools ; much weaker ; cadaverous expression ; pulse 112, small ; cough, &c. *Mist. Cretæ ʒvss. Tincturæ opii ʒi. Vini Ipecac. ʒiii. m. ʒss. post sedes lig.*

Dec. 18. The Diarrhœa had ceased ; felt strong, and slept well. *Cont. Vinum. Pulv. Ipec. comp. gr. viii. h. s.*

Dec. 19. Two involuntary stools ; vomited his food this morning ; less expectoration ; tongue brown and dry. P. 116. *Cont.*

Dec. 20. Pulse indistinct. resp. 46 ; extreme weakness.

Died in the night.

DISSECTION. Fluid under the dura mater ; arachnoid thickened and opake : under it an effusion of a yellowish serous fluid ; increase of vascularity of the pia mater. On removing the brain there issued a considerable quantity of serum from the spinal canal. A reddish fluid which seemed a mixture of mucus and pus escaped on cutting into the substance of the lungs ; the cellular structure of the lungs was filled with a serous fluid. Gall-bladder distended with dark bile ; a considerable increase of vascularity of the mucous coat of the stomach,—the vessels arborescent ;

the mucous follicles were enlarged, the membrane was covered with a viscid gelatinous substance ; no disease discoverable in the mucous membrane of the intestines.

2631. Eliza Willis. Dec. 21. Fifth day of her illness. Bowels free ; P. 128 ; tongue white ; some epigastric tenderness ; headach ; sighing. *Mixtura Salina effervesrens.*

Dec. 30. Several stools, with abdominal tenderness. *V. S. ad ʒviii.*

Dec. 31. Four stools ; P. quick ; tongue white ; skin hot ; no tenderness of abdomen. *℞ Misturæ Cretæ ʒvss. Tinct. Opii. ʒi. Vini Ipecac. ʒiii. m. s. ʒss. post. sedes liquidas.*

Jan. 2. Stools bloody ; debility ; pulse small and quick, respiration hurried. *V. S. ad. ʒx. Pulv. Ipec. Comp. gr. x. sextis horis.*

Jan. 3. Many bloody stools ; abdominal tenderness ; respiration laborious ; voice hoarse ; P. small and indistinct. *Cont. Pulv. Ipec. Comp.*

Jan. 4. Death.

DISSECTION. A great quantity of serous effusion beneath the arachnoid, separating the membranes ; the arachnoid very strong and opake. The mucous membrane of the stomach pulpy and of an

uniform bright red colour. The mucous membrane of the small intestines exhibited the same appearances.

2763. Anne Mooney, Dec. 29. Ninth day of her fever; great headach; deafness; tongue white and moist; severe cough and hoarseness. *Vesicatorium sterno. Abradantur Capilli. For. Crura. Pilulae Ipecac. cum Calomelane.*

Dec. 30. Several stools; cough easier; flushing. *Mistura Mucilag.*

Jan. 1818. Four motions; deafness continues with headach; P. 140; flushing; hoarse voice. Tongue white and moist. *Mitt. Sang. ex Art Temp. ad 3vi. Vesicatorium Nucha. For. Crura. Cont. Pil.*

Jan. 2. Resp. 36, laborious; some cough; bowels free; P. small and indistinct.

Jan. 3. death.

DISSECTION. The dura mater was very adherent to the bone, and vascular on its outer surface. Extravasations of blood observable on several portions of the pia mater; its vessels were large and numerous; much serous effusion under the arachnoid, which was thick, opake, and strong. The substance of the brain was uncommonly tough.

1192, Eliza Dempsey ; and,

1415, Thomas Evans. These patients both died in a few hours after they were admitted into the Hospital.

After the foregoing pages were written, it occurred to me] that the morbid anatomy of this great epidemic might be rendered still more complete. I therefore obtained a copy of most of the dissections which were made in our Hospital, together with the cases, and I requested Mr. Crawford to reduce the whole to a tabular form, which he has done, with his characteristic accuracy and ability.

Judging from the following Table, it will appear that icteroid fever was more frequent than was actually the case, and hence, it is necessary to observe that, at my request, every opportunity was taken of examining the bodies of such patients as became jaundiced in the course of their illness.

*** By H. which the reader will observe in many of the spaces, it is meant to intimate that the viscera had a healthy appearance.

MORBID APPEARANCES AFTER DEATH.

NAME.	Date of death and illness.	SYMPTOMS.		HEAD.	CHEST.	ABDOMEN.	REMARKS.
		HEAD.	CHEST.				
Rolls, (Joseph)	1817 Oct. 14, on the 12th day of his illness.	Severe general pains in the head, ginning, which gradually subsided; very little headache; delirium suddenly set in on the tenth day, and on the eleventh treacherous, subsultus and incoherence.	Considerable serous effusion under the arachnoid; some in the ventricles. Thickening and opacity of the arachnoid; inflammation of the pia mater; increased vascularity of the whole brain.	H.	H.	H.	Had been in the habit of using spirituous liquors to excess.
Kelly, Michael)	Oct. 1 on the 16th day.	On the sixth day, severe headache, flushing, epigastric tenderness, laboured breathing; florid petechiae on the 8th. The headache continued also under the arachnoid on the 10th; on the 12th the mouth very sore; great prostration of strength, stupor.	Under the arachnoid on each side of the hemispheres a thin layer of fluid blood, which could be moved by pressure; the pia mater somewhat increased in vascularity; two ounces of fluid in the ventricles. Substance of the brain firm.	H.			Mucous membrane of the cecum and right portion of the transverse arch of the colon of a uniform scarlet colour; several small granular eminences of the same appearance.
Sims, (Betty)	Nov. 28. at 50.	When admitted, in a state of stupor and insensibility; some delirium in the night; eyes very red and suffused; no flushing of the face; made no complaint; extreme debility; thickly covered with thick, opaque, and firm; the purple petechiae; died two days after her admission.				H.	This boy died under the influence of mercury.

Brennan, (Nancy)	Nov. 30, Seized at first with rigor, pain in the back, loss of sleep and of appetite, and occasional delirium; was not confined to bed during the first week of her illness. The delirium increased to a state of high maniacal excitement, which was aggravated by coercion; face highly flushed, tongue with a thick black fur; sordes on the teeth; profuse general sweats; she continued frantic and her strength gradually sunk.	High degree of vascularity of the surface of the brain; veins not confined to bed during the first week of her illness. The delirium increased to a state of high maniacal excitement, which was aggravated by coercion; face highly flushed, tongue with a thick black fur; sordes on the teeth; profuse general sweats; she continued frantic and her strength gradually sunk.	H.	A year before this illness she had been maniacal for six months; naturally of a passionate temper.
Ralph, (John)	Dec. 4, on the 13th or 14th day.	The ventricles filled with scrous fluid; a great quantity of the arachnoid, and between the convolutions of the brain. The arachnoid thickened and opaque, the veins very turgid.	H.	Had been in the habit of using spirituous liquors in excess.
A. B.	Dec. 6, on the 5th day.	During the first days of illness a state of high general fever without any local affection. On the 6th or 7th day dyspnoea, which gradually increased. On the 13th or 14th day. aggravation of all the symptoms, orthopnoea and death.	H.	Effusion of serum in the right side of the chest; the pleura of that side highly inflamed, its thickness increased by the deposition of coagulable lymph forming a new membrane and numerous adhesions. The mucous coat of the trachea and bronchia of a deep red colour. Increased vascularity of both lungs, and considerable interstitial effusion. A great number of small abscesses in the left lung.
A. B.	Dec. 16.	At the beginning of the illness headache, stupor, considerable purpura flushing; very great tenderness of the epigastrum on pressure; fulness of the abdomen, pulse rapid and weak, much prostration of strength. Pain in the epigastric region was the most urgent symptom, and continued almost to the last.	H.	Serum effused under the arachnoid and into the ventricle; the vessels of the brain unusually loaded with blood.
				The external superior surface of the stomach of a bright red; that of the duodenum darker than usual and more vascular. The internal surface of the stomach smeared over with a dark brown tenacious mucus; the mucous membrane very red, covered with numerous small red dots and patches; sensibly thickened, as its vascularity increased; the muscular coat partook of these appearances; the internal surface of the duodenum of a brick red colour, covered with a chorialike fluid tinged with blood; its coat thickened.

MORBID APPEARANCES AFTER DEATH.

NAME.	Date of death and illness.	SYMPTOMS.		HEAD.	CHEST.	ABDOMEN.	REMARKS.
Boyle, (John)	1817 Dec. 13. at. 50.	Considerable degree of stupor, breathing laboured, heaving; epigastrium extremely tender on pressure; countenance of a livid colour, pulse indistinct, tongue rough and dry, could give no account of himself. Died on the day of admission.	Veins distended with blood, water in the ventricles and under the arachnoid; that fluid effused into their substance; the mucous membrane thick and opaque.		Lungs unusually vascular, a considerable quantity of serous fluid effused into their substance; the mucous membrane inflamed, the bronchial tubes filled with mucus.	The mucous membrane lining the left extremity of the stomach, principally at the great curvature, very large, increased thickness of the mucous coat; the same appearances in the duodenum where the mucous follicles appeared considerably enlarged.	
Carroll, (Margaret)	Dec. 29, on the 12th day. at. 15.	Much headache from the beginning, succeeded by stupor; great arachnoid and in small quantity in the epigastric region, into the ventricles; a few which was attended at first with patches of extravasation of mucus and vomiting, and continued until the day before her death; considerable debility and feeble anxiety throughout; strabismus twelve hours before death.		H.			H.
Nevin, (Mary)	1818 Jan. 5, on the 11th day. at. 60.	Difficult breathing, cough, epigastric tenderness, furred tongue, and pulse a little increased in frequency, were the chief symptoms; the epigastric tenderness subsided on the tenth day, but the dyspnoea and cough continued and soon became aggravated.				Substance of the brain unusually firm, considerable increase of vascular patches on the sides of the cerebrum, some thickening and opacity of the arachnoid; a small quantity of serous fluid in the sac of that membrane, and some between the convolutions.	H.

Not examined.

Not examined.

Correll,
(Maurice)
Æt. 52.

Jan. 11, Some headache at first, soon followed by the most violent delirium in the sac of the arachnoid; the constant raving, incoherent replies, pia mater on the cerebellum some flushing, eyes sunfused, pulse considerably thickened by exertion, rapid and weak. On the seventh day numerous dun coloured and on the cerebrum much enlarged pectechiae appeared, and the flamed; a moderate quantity of skin became cool. On the eighth reddish fluid in the ventricles, day he seemed rather better, and on their walls unusually vascular, the ninth, after a violent return of the substance of the brain very delirium, he suddenly fell into an apoplectic state and died.

He was of a slender delicate make, his neck and chest covered with scrophulous ulcers.

H

Numerous firm adhesions between the pleura, the lungs sound in their external appearance, but their texture rather firm; stuffed with a considerable quantity of blood and serum, and interspersed with numerous small indurated black points resembling tubercles, & a few points of suppuration; the mucous membrane inflamed; one abscess full of scrophulous cheesy matter communicated from the outer and upper end of the sternum into the thorax, outside the pleura costalis.

An old sailor with a broken constitution.

H.

Some interstitial serous effusion into the substance of the lungs.

The illness began with severe headache and cough, flushing of the face, increased heat, very frequent thickening and opacity of the membrane, increased vascularization, the headache being relieved, considerable stupor ensued, the cough continued severe, but triches filled with serum, without much dyspnea; great prostration of strength took place, then coma and death.

Hogan,
(Edward)
Æt. 24.

I

Considerable serous effusion both in the sac of the arachnoid and under that membrane, between the convolutions of the brain; the ventricles filled with water to distension, the arachnoid thickened to a considerable degree and opaque, the pia mater, plexus chorioides, and substance of the brain of a pale colour.

Jan. 18, Relapse of fever attended with dysentery; tongue brown, excessive thirst, skin yellow, numerous black stools, great anxiety and despondency, very frequent pulse, subaultus tendinum and considerable prostration of strength; twenty-four hours after admission, laboured breathing and coma took place.

Lisle,
(Thomas)
Æt. 56.

MORBID APPEARANCES AFTER DEATH.

MORBID APPEARANCES AFTER DEATH.

NAME.	Date of death and time.	SYMPTOMS,		HEAD.	CHEST.	ABDOMEN.	REMARKS.
		HEAD.	ABDOMEN.				
Magrath, (Nancy)	Feb. 5, 1818, Jan. 28, on the 11th day.	Considerable dyspnoea and cough, with slight headache in the beginning, at which she had been relieved, the 11th, getting better, when on the tenth day 2 slight return of substance very firm headache, with delirium and painful swelling of the ear. It had took place, the skin became yellow, tongue brown and dry, pulse very weak with great debility; on the 11th, skin of a dark yellow, low delirium, moaning, pulse slow and weak, coma and death.	Some water under the arachnoid, thickening and opacity of this membrane, a little serous between the pleura, both these healthy in its structure, gall alterations apparently of old bladder small, containing a small quantity of brown bile, and two large rough yellow granulated calculi; one wedge in the neck of the bladder so as to obstruct the opening into the duct; the ducts larger than usual; inner coat of the stomach of a deep red, and highly vascular, the small intestines loaded with venous blood, their mucous coat of a deep purple, both the stomach and intestines contained a redumitous matter.				
Lator (Margaret)	Feb. 5, 1818, on the 9th day.				H.		
Curtis (Catharine)	Feb. 11, 1818, on the 15th day.						

Story, (Catharine) at. 18.	Feb. 11,	The surface of the arachnoid, when admitted on the 8th day of illness; no account of her situation could be got from her; continued in this state with very little alteration until her death; seemed rather more sensible, and firmly adherent to the bone.	Pericardium adherent to the heart at its anterior part, at the junction with the auricle; the adhesions tractated.	Surface of the peritoneum.
	Feb. 13,	Entire abdomen, particularly the right hypochondrium extremely tender on pressure; surface of the body and the eyes of a yellowish hue, great prostration of strength, restlessness and moaning, pulse feeble and indistinct, tongue black.	Not examined.	Not examined.
Magee, (Michael), ext. 60.	on the 18th day.			Surface of the liver coated with lymph; its membrane opaque and thickened; its substance apparently healthy; slight calculi in the gall bladder, and a quantity of thickropy bile; the duct previous; mucous coat of the stomach covered with a thick darkish matter, under which were observed a number of red spots something like petechiae, intestines all glued together by recently exuded lymph.
	Feb. 20.	Admitted on the 15th day of illness, in a state of stupor and insensibility; occasional violent delirium, black stools; rather more sensible on the 17th, but on the 18th became comatose and died.	Not examined.	Not examined.
	Feb. 20.	Vessels on the surface of the brain turgid; a great quantity of water effused under the arachnoid; the pia mater at the basis of the brain inflamed and much thickened; a small quantity of serum tinged with blood in the ventricles; the plexus choroideus and vascular system of the brain unusually loaded with blood; the cerebral substance very firm.		

MORBID APPEARANCES AFTER DEATH.

NAME.	Date of death and illness.)	SYMPTOMS.	HEAD.	CHEST.	ABDOMEN.	REMARKS.
Boyle (Margaret)	1818. Feb. 23, at. 20.	The fever set in with very severe headache; dyspncea, cough and yellow between the convulsions of the epigastrium; on the 7th day headache relieved, less dyspncea and cough, but excessive tenderness of the epigastrium and hypoehondria and pain in these regions, skin yellow; great anxiety and prostration of strength. In the evening, and during the night, delirium and convulsions; and on the 8th, the skin acquired a dark brownish yellow colour. She was constantly moaning and at last became comatose.	H.		Liver large, much rounded on its surface, rough, and dark complexion and pushing up the diaphragm so full habit, and had as to lessen the dimensions of undergone a great the chest. All the natural eminences more prominent than usual; the whole occupied by vious to her illness.	
Maedonogh, (James)	March 7, on the 30th day. at. 16.	At first headache, some stupor; great thirst, hot skin, and very frequent pulse; on the 6th or 7th day he became jaundiced; faeces white, urine of a deep yellow, tongue a thick clammy fur. The fever by degrees abated, but the jaundice remained; there was a slight temporary amendment in his state, but at last the abdomen became tender and swelled, his strength sunk, and he died.			Contained about half a gallon of yellowish brown fluid; on the inner surface of the stomach a number of large circumscribed red blotches; a very large abscess in the liver, surrounding the vena porta and other vessels at their entrance into this viscous.	Strong adhesions between the arachnoid and in the ven- pleure.

Law, (Margaret) 21. 20.	March 10, on the 6th day.	One or two spots of ecchymosis on the internal surface of the stomach.	This girl was an infant, and immediately before being taken ill she had undergone great fatigue by sitting up for several nights successively with a patient who died of fever.
Farrel, (Thomas) 21. 50.	March 10, on the 21st day.	The base of the cerebellum, headache, muscle-volitantes; considerable epigastric tenderness and thin layer of black blood effusing from every thing she took; sed between the arachnoid and a thick grey fur on the tongue, pulse, pia mater, the same appearance frequent and small; these symptoms along the course of the veins continued increasing in severity; on the 4th day tongue brown, extreme anxiety, stools green; on the 5th great prostration of strength, posteriorly of the right; upper parts of the anterior lobes more vascular than natural, vessels of the corpus callosum distended and tortuous; gradual increase of vascularity of the spinal cord, beginning at the upper third, and extending downwards, and numerous large vessels running along the calcarina.	H.
Carney, (Edward) 21. 50.	March 11, on the 16th or 17th day.	Mucous membrane of the bronchia of a red granulated appearance, and these tubes containing a considerable quantity of thick bloody mucus.	Subject for many years to a distressing asthma.
			The internal surface of the stomach covered with numerous red spots; that of the large intestines of a dark red colour, and its vascularity increased.
			The internal surface of the brain separating them widely from each other; a little in the ventricles.
			Some serous fluid in the sac of the arachnoid, a considerable quantity between the convolutions of the brain separating them widely from each other; a little in the ventricles.
			First affected with headache, which soon subsided; black tongue, pale of the arachnoid, a considerable countenance and deafness; for several days the symptoms moderate; on the 7th or 8th day delirium, tremors, much prostration of strength, involuntary stools.
			First affected with headache, which soon subsided; black tongue, pale of the arachnoid, a considerable countenance and deafness; for several days the symptoms moderate; on the 7th or 8th day delirium, tremors, much prostration of strength, involuntary stools; the next day violent delirium, eyes suffused, flushed face, dun pectenæ; the day after, stupor, subsultus, twichings, black stools, muttering delirium.

MORBID APPEARANCES AFTER DEATH.

118
OF

DR. CHEYNE

NAME.	Date of death and illness.	SYMPTOMS.		HEAD.	CHEST.	ABDOMEN.	REMARKS.
		HEAD.	CHEST.				
McGinn, (Mary)	1818 March 17, at. 20.	Headach, cough, dyspncea and mucous expectoration; died suddenly on the third day after admission, complaining of soreness and burning at her heart.	H.	The lungs in part quite solid and attached by very firm connexions to the pleura costalis.	H.	H.	His wife (who died also) and children were in the hospital at the same time, which circumstance preyed constantly on his mind.
Regan, (Michael)	March 22, on the 16th day. at. 45.	On the 5th day headach; on the 8th cough, succeeded by raving, watchfulness and universal tremors; immediately previous to death, subsultus, low muttering delirium.	H.	Adhesion of the pleura.	H.	H.	
Rivett, (Julia)	March 25, on the 11th day. at. 35.	Delirium ferox, flushing, redness of the eyes, mouth and tongue black and parched, pulse frequent and feeble, petechiaæ.	H.	The surface of the pia mater entirely covered with minute red vessels, and presenting patches of extravasated blood. Brain very firm, numerous bloody dots appeared on cutting into it; between two and three ounces of serous fluid in the lateral ventricles.	H.	H.	
Cotter, (Charles)	April 1, on the 15th day. at. 50.	First affected with headach, epigastric tenderness, general pains and frequent rigors; free from fever on the eighth day; relapsed on the tenth with headach, severe general pains, rigor lasting all day followed by heat at night, great prostration of strength, irregular frequent pulse; on the 12th became very yellow in a few hours; deeply jaundiced on the 13th, pulse slow and irregular, involuntary evacuations, extreme debility.	H.	Slight effusion into the sac of the arachnoid, in greater quantity under that membrane, and a small quantity of water in the ventricles; the arachnoid thickened and opaque.	H.	The cystic duct completely obstructed by two or three small calculi; the gall bladder filled with a thick dark coloured bile.	

Fogherty, (Catharine) at. 15.	April 7, on the 15th day. A Headach and epigastric tenderness at the beginning; after it was a degree of stupor and great debility, which went on increasing until death. She was without any very distinct local affection.	Murray, (Thomas) at. 35.	April 9, on the 35th day. Seized at first with rigor, pain in the right side and cough, but no headache. When admitted on the 15th day of illness, considerable delirium, face flushed, eyes suffused, slight cough. A few days after, severe dyspnea, wheezing, hard cough; these symptoms subsiding, he continued better for some time, though greatly exhausted; was then affected with dysentery, on the subsidence of which he had a sudden return of the affection of the chest and died.	May 5, on the 14th day.	Kane, (James) at. 0.	The mucous coat of the stomach was a relapse; it appears the girl had been very ill treated with old adhesions between the pleure, increased vascularity of the right lung, and there the membrane great mental depression.	A small quantity of red fluid in the ventricles, which in both sides of the chest, and much more fluid than usual in the pericardium; old adhesions between the pleure, increased vascularity of the right lung, and there the membrane great mental depression.	The ventricles filled with fluid; a large quantity effused between the convolutions of the brain, the arachnoid firmer than in health, and opaque.	Some headach in the beginning, with furred tongue, and little febrile action, the temperature remaining natural; but the eyes soon became dull and inflamed, and the countenance madd; the pulse sunk, the extremities became cold, and he died in a state of stupor.	The mucous coat of the stomach presented a general blush it appears the girl had been very ill treated with numerous red dots; the redness greater near the oesophagus, and there the membrane great mental depression.	Inflammation of a portion of the mucous coat of the sigmoid flexure of the colon.	A large abscess at the upper and posterior part of the right lung, occupying nearly one fourth of its substance; the rest of this lung greatly stuffed with blood.	H.	H.	H.
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NAME.	Date of death and illness.	SYMPTOMS.		HEAD.	CHEST.	ABDOMEN.	REMARKS.
		HEAT.	CHILL.				
McGurk, (Mary)	1818 May 6, on the 17th day. at. 30.	At the beginning severe headache and some cough; on the seventh day, most violent delirium, brown quantity under the arachnoid, tongue, sordes on the teeth, dark a great deal remained in the stools, numerous petechiae; for several days the delirium very high, was taken out. pulse 140, great debility, foetal involuntary stools, cold feet; general amendment on the 11th: but the fever returned with great restlessness; she had a paroxysm of rigor without sweat, succeeded by stupor, constant moaning, and coma.	General adhesions between the pleurae of old origin.	Liver enlarged, its anterior edge thick and round.			
Gill, (Daniel)	May 10, on the 11th day. at. 50.	Headach, stupor, dyspncea and cough, right hypochondrium tender quantity under the arachnoid; with blood; their substance of on pressure, the epigastrum still this membrane opaque, the a bright red, and containing a number of dots and patches of reddish a deeper colour; the vessels of affected with a liver the mucous coat minutely injected, presenting an arborecent appearance; the rest of this surface of a dark muddy colour, covered with a thick tenacious matter; the duodenum presented the same appearances. Liver very soft and friable, its investing membrane easily torn off.	The lungs very much stuffed with blood; their substance of a bright red, and containing a considerable quantity of reddish fluid.	The greatest portion of the inner surface of the stomach of tution worn out by a age, disease, and patches of very. He had been affected with a liver complaint about the end of 1816.			
Tracy, (Edward)	May 10, on the 11th day. at. 58.	Severe headach, much dyspncea and cough at the beginning; the effusion under the arachnoid. symptoms considerably increased; there was purulent expectoration, much wheezing, brown and dry tongue, pulse 120, weak, great debility and emaciation; the dyspncea increased, and the pulse fell to 70 before death.	A small quantity of serous increased vascularity of the mucous membrane of the larynx and trachea; the same appearance in the bronchial tubes, which were lined with a top grey coloured matter; some portions of the lungs stuifed with blood; they did not collapse on opening the thorax.				This man always subject to catarrhal attacks with dyspncea, had used a great deal of mercury for syphilis, and was covered with copper coloured blotches; and came from the Lock Hospital where he had been lying two months.

H.

H.

M'Keeon,
(Mary)
May 29,
on the
15th day.

Slight headache in the beginning; very slight effusion under the skin during the first nine or ten days; the arachnoid, and in the veins, were rather firmer than usual, their substance more vascular, containing a very considerable quantity of serous fluid mixed with purulent mucus; the bronchial membrane highly inflamed; the tubes filled with a viscid frothy yellow matter.

During the first nine or ten days the fever combined with dysentery; tricles, severe pain in the upper region of the abdomen, and excessive tenderness on pressure, tongue brown and dry, yellow skin, great anxiety, languor, and debility; general relief on the 10th or 11th day; affected then with dyspnoea and cough, which increasing rapidly whilst her strength failed, appeared to occasion her death; pulse 48, and breathing eight in a minute for at least twenty-four hours before death.

Downey,
(Mary)
June 12,
on the
17th day.
25.

Difficulty of breathing, cough, expectoration, and severe dysenteric symptoms from the beginning. During the four or five days preceding death she passed by stool a considerable quantity of dark blood. She had a brown and dry tongue, bad taste, excessive thirst, severe headache and great anxiety.

Mucous coat of the large intestines of a dusky brown colour; its thickness increased; for two years before its death.

Firm adhesions between the pleura; considerable serous effusion into the cellular substance of the lungs, and the vessels loaded with blood; a surface in some parts rough; few tubercles, black, hard and gritty; the bronchial tubes in the abdomen.

Slight effusion under the arachnoid and into the ventricles; the arachnoid a little thickened and opaque.

MOREBID APPEARANCES AFTER DEATH.

22

DR. CHEYNE

NAME.	Date of death and illness.	SYMPTOMS.		HEAD.	CHEST.	ABDOMEN.	REMARKS.
		HEAD.	CHEST.				
Lacy, Esther	1818, June 13th	A very small quantity of serous fluid in the ventricles and pleura; referred all under the arachnoid; slight opacity of that tunic, which was extremely tender on pressure, as well as both hypochondria; skin yellow, breathing laboured, frequent short cough, some wheezing, hiccup, and twitching of the mouth, tongue with a grey clammy fur, pulse weak and very frequent; died the day after admission.	Firm adhesions between the pleura; some interstitial effusion in the lungs.		The mucous coat of the stomach of a bright red, principally in the left extremity, and a number of stripes of a deeper red in the direction of the vessels and of the folds of the membrane; increased vascularity of the intestines; liver, — a pale livid colour, its anterior edge thickened; its membrane in some places opaque and thick; its surface irregular, some patches of a yellowish colour, more dense than the rest, and a few hard gritty spots interspersed throughout its substance; ducts permeable; gall bladder almost empty.		H.
Jones, (Jane) 21. 5.		When admitted, the body covered with numerous small petechiae, of a dusky red, and a few spots of a larger size and darker colour; she was completely free from fever, and her health perfectly good; the petechiae faded in the course of a fortnight, but she was early after seized with fever; at first headache, epigastric tenderness and hurried respiration; relief on the 4th day; exacerbation on the 5th; on the 6th minute petechiae, pale countenance, black stools; on the 7th livid spots on the arms, left cheek, and particularly the nose; breathing hurried; on the 8th death.	Slight effusion into the pericardium of a transparent fluid.		Congestion of blood in different portions of the mucous coat of the stomach, and its whole surface very similar to the skin, when covered with purpura, only that the spots were of a more vivid red.		H.

<p>Connor, (Thomas)</p> <p>June 21, on the 15th day.</p>	<p>Had violent headache at the commencement, but on admission was in a state of stupor; eyes inflamed; countenance dark and muddy; tongue dry and brown; temperature standard; lower extremities very cold; pulse almost imperceptible; stools dark and passed involuntarily.</p>	<p>Arachnoid firm and opaque; meninges, but on admission was in a state of stupor; eyes inflamed; countenance dark and muddy; tongue dry and brown; temperature standard; lower extremities very cold; pulse almost imperceptible; stools dark and passed involuntarily.</p>	<p>H.</p>	<p>Cells of the colon very large, and filled with scybala; mucous coat of the descending colon, and particularly of the sigmoid flexure, having a dark inky colour; its texture soft and easily separated from the muscular coat, the veins between them very minute injected and distended with black blood, ramifying so as to present a fine retiform appearance (the same appearances observed in a greater or less degree in most cases where the stools were black and fetid.)</p>
<p>Burke, (Patrick)</p> <p>June 22. on the 16th day.</p>	<p>Died the day after admission; could give no account of himself; his body was of a dark livid hue; tongue black; feet cold; respiration hurried.</p>	<p>Very considerable effusion of an opaque serous fluid between the arachnoid and pia mater; ventricles filled with a clear fluid; the sinuses distended with dark blood, the vessels of the brain unusually turgid.</p>	<p>H.</p>	<p>Liver pale, soft and flabby; gall-bladder distended with bile; the colon contained a considerable quantity of yellow lumpy feces; kidneys soft and flabby.</p>
<p>Duffy, (Sarah)</p> <p>June 23, on the 17th day.</p>	<p>The fever set in with severity; it was attended by cough, occasional dyspnoea, bad expression a jelly like appearance; green and colour of countenance, green and slimy stools, on the 7th day chest relieved, fever abated; on the 8th and 9th chest again engorged; temperature of the body below the natural standard; cold and edematous, some stupor; from the 10th to the 16th gradual amendment, but the stools continued green up to the 16th, when they appeared more natural; in the evening she refused her food; the lips became livid, and she died unexpectedly next morning.</p>	<p>Slight bloody coloured effusion in either side of the chest; slight some effusion into the pericardium.</p>	<p>H.</p>	<p>Brain very soft, pale and pulpy; the surface presenting a jelly like appearance; slight some effusion into the ventricle.</p>
<p>at. 18.</p>				

MORBID APPEARANCES AFTER DEATH.

NAME.	Date of death and illness.	SYMPTOMS.	HEAD.		CHEST.	ABDOMEN.	REMARKS.
			CH.	H.			
Reilly, (Mary) at. 45.	[1813 June 26, on the 12th day.	General pains, great anxiety and depression of the spirits, with painful heat; crisis by sweat on the 11th with much relief, on the 12th and 13th stupor, prostration of strength and coma.	Considerable serous effusion in the sac of the arachnoid and between the convolutions, a small quantity of fluid remained in the ventricles, a great deal in the skull after the brain was taken out.	H.		H.	
Brown, (Sarah) at. 31.	July 4, on the 16th day.	Dyspncea, cough, pain in the chest, headache, epigastric tenderness; all the symptoms relieved except the dyspncea and cough, which continuing severe, her strength failed rapidly, and death soon took place.	Considerable effusion in the ventricles of the brain.		Numerous firm adhesions between the pleurae, the right lung hard and heavy, sinking in water, the pleura of that lung slightly thickened.		
McCarthy, (Pat.) at. 27.	July 11, on the 11th day.	Had a first attack of fever attended with headache, considerable epigastric tenderness and occasional vomiting; convalescent on the 6th day, but three days after relapsed with some return of epigastric tenderness, this symptom soon subsided but was succeeded by considerable febrile anxiety, brown tongue, much tremor of the under jaws and of the hands, and he died on the 8th day after relapse.			About three ounces of fluid in either side of the chest, and four ounces in the pericardium, the foramen ovale open.	A small quantity of serous fluid in the abdomen, the vessels of the ileum and large intestines presented an aborescent appearance.	

Seair, (Patrick)	July 16, at 15. 8th day.	Had headache at the beginning, and on the 8th or 9th day became delirious; eyes suffused and red; on the surface of the brain un- der the skin, the veins disposed in stripes according with the course of the vessels; the veins of the stomach very turgid. The mucous membrane of the small intestine slightly increased in vasculari- ty in a few places; that of the large intestines, partic- ularly towards their termination, of a dark brown, appearing to be occasioned by congestion of blood in the minute veins.	Considerable effusion into the sac of the arachnoid; veins in the pericardium.	About three ounces of fluid in the mucous coat about the cardiac orifice of the stomach; the vessels increased in size, according with the course of the vessels; the veins of the stomach very turgid. The mucous membrane of the small intestine slightly increased in vasculari- ty in a few places; that of the large intestines, partic- ularly towards their termination, of a dark brown, appearing to be occasioned by congestion of blood in the minute veins.
A. B.	July 20,	In a comatose state when admitted; skin of a deep yellow, appearance of bruises on the arms and legs, as if from ligatures used to tie the patient down to the bed; pulse very feeble; died the next day.	II.	The brain was co- vered with numerous large healthy in this case, blotsches of a black colour and was contrary to every irregular shape, but circum- scribed, leaving the meningeal membrane. between them perfectly healthy, they were more numerous in the course of the vessels, and consequently along the terminations of the mesentery at the intestines, but none were ob- served on the intestines; these blotsches were occasioned by ex- travasation of venous blood into the cellular substance connect- ing the layers of the mesentery; the membrane itself over them was slightly red and vascular; small blotsches of blood could be ex- pressed out of many of them; the stomach and intestinal canal healthy, their coats rather paler than usual; a few similar blotsches observed in the mediastinum and under the pleura costalis.
H.	July 20,	In a comatose state when admitted; skin of a deep yellow, appearance of bruises on the arms and legs, as if from ligatures used to tie the patient down to the bed; pulse very feeble; died the next day.	II.	The brain was co- vered with numerous large healthy in this case, blotsches of a black colour and was contrary to every irregular shape, but circum- scribed, leaving the meningeal membrane. between them perfectly healthy, they were more numerous in the course of the vessels, and consequently along the terminations of the mesentery at the intestines, but none were ob- served on the intestines; these blotsches were occasioned by ex- travasation of venous blood into the cellular substance connect- ing the layers of the mesentery; the membrane itself over them was slightly red and vascular; small blotsches of blood could be ex- pressed out of many of them; the stomach and intestinal canal healthy, their coats rather paler than usual; a few similar blotsches observed in the mediastinum and under the pleura costalis.

MOREID APPEARANCES AFTER DEATH.

NAME.	Date of death and illness.	SYMPTOMS.	REMARKS.		
			HEAD.	CHEST.	ABDOMEN.
White, (Catharine) at. 62.	1818, July 24, on the 25th day.	When admitted on the 8th day of illness she had general pains, excessive epigastric tenderness; some of the arachnoid, turgescence increased; on the 10th headache; on the 15th headache; on the 18th, when there was an increase of vascularity of the veins in the posterior increased, epigastric tenderness of the brain, a gelly great; some relief on the 11th; and the fluid effused between the continued better, complaining arachnoid and pia mater, numerous bloody dots out of pains until the 18th, when there was which blood could be expressed, aggravation of the pains, increase were observed on making a of anxiety and some stridor; on the section of the cerebral sub. 19th the pains were exruciating, especially in the feet, considerable epigastric tenderness, difficulty in swallowing and extreme debility.	A considerable quantity of bloody coloured fluid in the sac plenæ.	Slight adhesion between the	The mucous membrane of the stomach uniformly increased in vascularity and smeared over with a yellowish glairy substance; several portions of the small intestines appeared red externally, and there was an increase of vascularity in the corresponding portions of their mucous membrane.
Allen, (Peter)	July 30, On the 10th day.			H.	H.

Prodr. William)	August 7, 1811.	Headach and sickness of stomach, from the beginning; when admitted, on the 14th day of illness, there was still severe headache, which penetrated deep into the chest.	On the 16th day, flushed of the face, considerable medullary substance; the medullary substance of both conjunctivæ, which were in a state of ecchymosis, and pain in the eyes; also anxiety and depression of mind; brown dry tongue, hot skin; frequent pulse; ventricle contained a consider- principally to the stomach: the cavity was much enlarged; the eyes closed; great restlessness; on the 16th delirious and restless all night, and towards morning fell into a comatose state, with stertorous breathing, clenching of the fist, raising of the hand to his face, eyebrows and subcutaneæ; eyelids half closed, conjunctive protruding, power of deglutition almost lost.	On the lateral part of the right hemisphere of the brain pericardium; left lung firmly stomach adherent to the parietes of the chest, which two large elots of blood, adherent to the parietes of the face of a deep vermillion colour; general redness, and increased vascularity of its mucous membrane, and numerous small dark spots of extravasated blood interspersed throughout.	Six ounces of fluid in the brain pericardium; left lung firmly stomach adherent to the parietes of the face of a deep vermillion colour; general redness, and increased vascularity of its mucous membrane, and numerous small dark spots of extravasated blood interspersed throughout.
Millmore (Mary)	Aug. 9th. On the 22d day.	The head severely afflicted from the beginning of her illness; tongue a brown unusualy turgid; about two ounces of fluid in the pia mater; veins and a few portions with lymph, the liver; intestines rather relieved, continued to be the chief symptom of illness for many days; she at last became very restless in the sheath of the medulla and anxious, and fell into a state of stupor, soon followed by coma and stertor.	Great increase of vascularity in the pia mater; veins and a few portions with lymph, the liver; intestines rather relieved, continued to be the chief symptom of illness for many days; she at last became very restless in the sheath of the medulla and anxious, and fell into a state of stupor, soon followed by coma and stertor.	Lungs stuffed with serum, and a few portions with lymph, especially the right superior lobe.	Pregnant 8 months, one or two opaque spots on the liver; intestines rather loaded with blood.
Lanahan, (James.)	Aug. 14th. On the 21st day.	Relapsed on the 4th day of convalescence; on the day of relapse, rigor; hot skin; frequent small pulse; furred tongue; debility and tremor. On the 2d day, debility; anxiety; purgent heat; foul taste; deafness.—Evening, increased anxiety; moaning, hurried, sputitious breathing; torpor; involuntary stool; dark fetid discharge; sunken countenance; death at 11 o'clock.	Serous effusion under the arachnoid; about two ounces of colourless fluid in the veins and small quantity of fluid in the sheath of the medulla spinalis.	H.	The first attack of fever was slight; he was an emaciated old man. The viscera of the thorax and abdomen were remarkably sound.

I shall now lay before the reader a table illustrative of the morbid sequelæ of the Epidemic fever. This table contains the names of those individuals who were admitted into the Whitworth Hospital, between the middle of April and middle of August, 1818, with their diseases, all of which arose during fever or during convalescence from fever. The cases were reported by Mr. Cumming, by whom this very satisfactory document was prepared at my request; several of the dissections were made by Mr. Phipps.

I cannot conclude this paper without thanking the gentlemen who have been acting as clinical clerks to the Medical Hospitals of the House of Industry * for the assistance which I have received from them during the past year; and I must add, that the ardour which they have shewn in the pursuit of knowledge is highly praise-worthy, their attention and kindness to the sick admirable. In the exercise of their duty, several of these gentlemen contracted fevers, and it deserves to be recorded, that they were scarcely recovered, when they resumed their occupation in the fever wards with renewed zeal.

* Messrs. Macdowell, Crawford and Phipps, Dr. Marsh, and Mr. Cumming.

1818.	Name, Age, and date of Admission.	TERMINATION.		MORBID APPEARANCES AFTER DEATH.		EXPLANATORY REMARKS.
		Period of attack.	State of health previous to fever.	Date of Discharge.	Date of Death.	
Stevenson, (Alicia) at. 50. April 14th.	Dysentery.	During convalescence.	Good.	May 15th. Recovered.		Symptoms of pneumonia occurred during fever.
Griffith, (David) at. 12. April 14th.	Incipient Phthisis.	During fever.	Delicate: subject to dyspnoea.	May 23d. Cured.		In this girl, who had never menstruated, the headache was succeeded by a painful inflammatory swelling on the left tibia.
Moore, (Eliza) at. 19. April 14th.	Cephalitis.	During fever.	Good.	June 15th. Cured.		
Macne, (Mary) at. 22. April 14.	Phthisis Pulmonalis;	During fever.	Catarrhal affection for eight months previous to fever.		May 9th.	Left cavity of the thorax contained 12 ounces of a sero-purulent fluid. Commencing tubercles in the lung of the same side; greatest portion of the right cavity occupied by a large vomica containing a pint of dark green fetid pus.
Turner, (Anne) at. 20. April 15th.	Hysteric Epilepsy.	During fever.	Pretty good.	May 2d. Remittent to fever ward.		This affection returned after an absence of five years. Catarrnia had been suppressed for six months.
Asby, (Margaret) at. 49. April 15th.	Anasarca.	During convalescence.	Good.	April 30th. Cured.		This patient had general rheumatic pains, which were also cured.

1818.	Name, Age, and date of Admission.	DISEASE.	TERMINATION.		MORBID APPEARANCES AFTER DEATH.	EXPLANATORY REMARKS.
			Period of Attack.	State of health previous to fever.		
	Jones, (Charlotte) at. 20. April 15th.	Phtisis Pulmonalis.	During fever.	Good.	12th July.	Above a gallon of exceedingly fetid pus in the right side of the chest. The superior portion only of the lung remained, which chitis, which were never completely adherent to the ribs; its substance filled plant was slow, probably owing to her with abscesses and tubercles; pleura having occupied a private ward; the slightly thickened. Some firm adhesions 2d and 3d stages of phthisis were of between the parietes and left lung, which short duration in all those patients was slightly tubercular.
	Howell, (Mary) at. 25. April 17th.	McLean.	During convalescence.	Good.	May 11th. Cured.	
	Mahony, (Catharine) at. 19. April 17th.	Shooting pain of side.	During fever.	Good.	April 29th. Cured.	
	Farlan, (Patrick) at. 25. April 18th.	Inflammation of liver and lungs.	During fever.	Good.	June 28th. Cured.	Addicted to excessive drinking.

This girl was affected with hæmoptysis about three weeks before she took the fever. She had never menstruated.

Ball, (Harriet) at. 19 April 18.	Incipient Phthisis.	April 20, at her own desire.	In general good.	April 20, at her own desire.	Delicate.	After a se- vere fever.	<p>Connor, (Bernard) at. 17 April 20.</p> <p>X</p>	<p>Debility and emaciation succeeded by ascites.</p>	<p>Slight effusion on the surface of the brain, and in the ventricles. A thin clot of blood upon the inside of the arach- noid, and upon the superior part of the left hemisphere opposite to it. Right lung universally adherent. Left lung adherent to the pericardium, and diminished in size; its pleura rough, thickened and opaque; had a pint of fluid in the left cavity of the chest; in his back healed; but it soon opened again, his health at the same time de- pending. Then the cough returned, and two large coagula of blood on either side the abdomen, before the colon, and attached to the peritoneum of the parietes and intestines. Peritoneum thickened, in part opaque, rough, and studded with small tubercles. Intestines thickened and soft. Colon, duodenum, gall- bladder, and pyloric extremity of stomach massed together. Liver hard and firm.</p>	July 6,	Slight effusion on the surface of the brain, and in the ventricles. A thin clot of blood upon the inside of the arach- noid, and upon the superior part of the left hemisphere opposite to it. Right lung universally adherent. Left lung adherent to the pericardium, and diminished in size; its pleura rough, thickened and opaque; had a pint of fluid in the left cavity of the chest; in his back healed; but it soon opened again, his health at the same time de- pending. Then the cough returned, and two large coagula of blood on either side the abdomen, before the colon, and attached to the peritoneum of the parietes and intestines. Peritoneum thickened, in part opaque, rough, and studded with small tubercles. Intestines thickened and soft. Colon, duodenum, gall- bladder, and pyloric extremity of stomach massed together. Liver hard and firm.
Foster, (Elizabeth) at. 92 April 20.	Hysteria.	April 29,	relieved.	May 29, relieved.	June 30, relieved.	June 30, relieved.	June 30, relieved.	June 30, relieved.			
Kelly, (Mary) at. 40 April 20.	Ascites wit- h co- edema of the legs.	April 20,	Good.	April 20,	Good.	April 20,	Good.	April 20,			
Kelly, (Mary) at. 40 April 20.	Ascites wit- h co- edema of the legs.	April 20,	Good.	April 20,	Good.	April 20,	Good.	April 20,			

NAME, AGE, AND DATE OF ADMISSION.	DISEASE.	TERMINATION:		MORBID APPEARANCES AFTER DEATH.	EXPLANATORY REMARKS.	
		PERIOD OF ATTACK.	STATE OF HEALTH PRE- VIOUS TO FEVER.	DATE OF DISCHARGE.	DATE OF DEATH.	
Burke, (Matiava) æt. 30. April 23.	Tympanitis with pain on left side.		Delicate.	June 20, much re- lieved.		Pain of side had existed for a year previous to fever. She had amenorrhœa.
Mc Keon, (Thomas) æt. 30. April 25.	Icterus.	On the 4th day of fever.	Good.	May 8, cured.		
Kelly, (Michael) æt. 30. April 26.	Phthisis Pulmonalis.	During fever.	Affected with dysenteric symptoms.	May 27.	Four ounces of clear fluid in the pericardium; right lung not adherent, full of distinct tubercles; left universally adherent; substance harder than liver. Abscesses in mesentery, and bloody stools. The upper part and tubercles throughout, fever was attended with a pulmonic affection.	
Curry, (Winifred) æt. 15. April 30.	Phthisis Pulmonalis.	Previous to fever.	Subject to haemoptysis.	May 10, remit to fever ward.	After her second fever this patient, very contrary to expectation, completely recovered from her pulmonic affection.	
Ferns, (Mary) æt. 45. April 30.	Iritis.	During con- valescence.	Good.	May 27, cured.	Her stay protracted in consequence of an aneurism of the temporal artery.	

Fitzgerald, (William) at. 16, May 1.	Chronic Bronchitis.	During fever	Subject to short dry cough.	May 14, cured.
Murray (Thomas) at. 55, May 6.	Edema of feet and legs.	After fever.	Good.	May 9, eloped.
Addington (Frederick) at. 12, May 8.	Hydrocephalus acutus.	During convalescence from a fifth attack of fever.	Delicate for six months previous.	May 25.
Ormsby, (Ellen) at. 25, May 9.	General Anasarca.	During con- valescence.	Good.	May 29, cured.
Coulton, (Esther) at. 40, May 9.	Inflammation of chest.	The pulmo- nic affection during fever.	Good.	June 5.
Tyrrel, (Ellen) at. 20, May 11.	General pains with hysteria	After fever.	Good.	June 30, cured.

* Right ear sound ; the semicircular canals defective in the left ear, having each but one opening into the vestibule, running the usual course for a short distance, gradually diminishing, and terminating in a point.

Name, Age, and date of Admission.	DISEASE.	TERMINATION.			MORBID APPEARANCES AFTER DEATH.	EXPLANATORY REMARKS.
		Period of attack.	Date of Discharge.	Date of Death.		
Sutton, (31s) aet. 51. May 14.	Pain of hip with epilepsy.	Pain of hip subsequent to fever.	Subject to maniacal epilepsy.	May 27,		Dismissed cured of pain of hip; epilepsy probably continued.
Reilly, (Eliza) aet. 24. May 14.	Phlegmonous swelling under right mamma.	At the termination of a first lapse of fever.	Previous to first attack of fever, good.	August 4th, cured.		Swelling under right mamma attributed to an injury received by falling out of bed.
Bourke, (Mary) aet. 20. May 15.	Phthisis pulmonalis.	During fever combined with pneumonia.	Good.	May 19th.	Lungs firmly adherent to parietes, filled with tubercles and vomiceæ, the largest of these opening into the bronchial tubes. Mucous membrane of a bright red in the trachea, of a dark red in the ramifications, and its cavity filled with puriform matter.	
Fannin, (Thomas) aet. 34 May 16.	Dysentery.	During fever.	Good.	June 29th, cured.		
Mangan, (Michael) aet. 8. May 16.	Anasarca, with affection of chest.	During fever.	Good.	May 17th.		Was taken away by his friends before the case was investigated.
Purcell, (Thomas) aet. 30. May 17.	Catarrhal affection.	During the decline of fever.	Good.	June 16th, cured.		

Brady, (Judith) at. 18. May 19.	Cynanche tonsillaris.	During con- valescence.	Good.	May 30th, cured.			Catamenia had been absent for two months.
Grogan, (Michael) at. 45. May 20.	General pains.	During con- valescence.	Good.	May 23d, relieved.			Seized with pains after getting wet feet.
Bulger, (John) at. 36. May 20.	Syphilitic pains.	During con- valescence.	Good.	June 24th, cured.			The pains in this case abated after a slight attack of fever.
Morton, (John) at. 35. May 20.	Incipient Phthisis.	During fever.	Good.	May 28th, cured.			
Fanning, (Eliza) at. 36. May 21.	General debi- lity, with pain of hip.	After fever.	Delicate.	May 28th, remitted to fever ward.			
Armstrong, (Christopher) at. 32. May 22.	Pleuritic stitches.	After fever.	Subject to cough.	June 26th, cured.			The chest was not affected during fever.
Conolly, (John) at. 36. May 27.	Pneumonia.	Cough exist- ed previous to fever	Good.	9th June.			Addicted to drinking in excess. A dissection of the body could not be obtained.

TERMINATION.	MORBID APPEARANCES AFTER DEATH.		EXPLANATORY REMARKS.
	Date of Discharge.	Date of Death.	
1813.	State of health previous to fever.	24th June.	During her illness she passed blood by stool more than once, and had great tenderness of the epigastrum, and pain usually firm, and dark from congestion of the left hypochondrium, but was apparently recovering from these symptoms, and from the anasarca, when she suddenly relapsed without any assignable cause, and died in the course of five days.
Quigley, (Eliza) wt. 19. May 30.	General ana- sarea.	Could not be ascertained.	Slight effusion under the arachnoid in the ventricles of the brain; each cavity of thorax contained fluid; lungs adherent, usually firm, and dark from congestion of the left hypochondrium, but was apparently recovering from these symptoms, and from the anasarca, when she suddenly relapsed without any assignable cause, and died in the course of five days.
O'Brien, (Mary) wt. 19. June 2.	During convalescence.	June 26th. Cured.	Had not menstruated for 15 months.
Ryan, (Catherine) wt. 25. June 2.	General pains.	9th June.	This woman had laboured under general anaesthesia for four months. A few days after admission into the Whiteworth Hospital she was seized with convulsions. Five ounces of fluid in the peritoneum. Large quantity of yellow fluid in the abdomen, liver large and firm, covered with recent flakes of coagulable lymph; gall bladder distended; shreds of coagulable lymph attached to the peritoneal coat of the jejunum; duodenum contained much yellow bile, and was dark red for about two inches from its commencement.
	Subject to cough; Haemoptysis.	At the termination of fever. 4	

Ryan, (William) aet. 19. June 5.	Inflammato- ry affection of the chest.	During fever.	Good.	June 25th. Cured.	
Flood, (Catharine) aet. 28. June 5.	Dysentery, with Hectic fever.	At the terai- nation of fever.	Good.	13th July.	Ventriles of brain filled with scrous fluid; liver unusually hard; kidneys hard; less vascular than usual; sigmoid flexure of colon, and rectum thickened in their coats; internal surface inflamed and much ulcer- ated.
Burke, (Mary) aet. 37. June 6.	Debility with perspirations.	At the ter- mination of a third at- tack of fever.	Good.	July 28th. Cured.	
Anderson, (Mary) aet. 21. June 18.	General anaesthesia and ascites.	During con- valescence.	Good.	August 30th. Cured.	Recovering.
Reid, (Ellen) aet. 18. June 18.	Incipient phthisis.	Subject to cough.		June 25th.	Discharged at her own desire; she had laboured under amenorrhœa for six months.
Cunningham (Margaret) aet. 23. June 18.	Incontinence of urine.	During fever.	Good.	June 25th. Cured.	

1813.	Name, Age, and date of Admission.	DISEASE.	Period of attack.	TERMINATION.		MORBID APPEARANCE AFTER DEATH.	EXPLANATORY REMARKS.
				Date of Discharge.	Date of Death.		
	Kelly, (Catherine) æt. 23. June 19th.	Hæmatemesis.	After a third attack of fever.	Good.			This patient had not menstruated for seven months; she was still in Hospital, and slowly recovering.
	Maguire, (Ellen) æt. 20. June 19th.	Dyspepsia.	Previous to fever.	Delicate.	July 5th. Relieved.		In this case the dyspeptic symptoms were aggravated after fever. Had laboured under amenorrhœa for seven months.
	Barrett, (Richard) æt. 40. June 19th.	Ascites.	Previous to fever.	Subject to cough and Dyspnoœa.	July 10th. Much relieved.		
	Fullam, (Sarah) æt. 21. June 25th.			Good.	July 20th. Remitted to fever ward.		In this patient's fever the head was principally affected. When remitted to the fever ward, her sight and hearing were considerably improved. She completely recovered from the 2d attack of fever.
	Robinson, (Hannah) æt. 38. June 26th.	Dysentery.		Good.	July 26th. Cured.		This woman had laboured under dysentery in Gibraltar four years previous to the attack of fever.

Garliner, (Mary) at. 27. June 27th.	Phthisis pul- monalis. Previous to fever.	Subject to cough and haemoptysis.	July 14th.	Left lung diminished in size; hard, hea- vy; sinking in water; leaving a consider- able space between the pleura, which con- tained a small quantity of serum. Large abscess in its superior portion, remaining part of its texture tubercular; right lung tubercliar, increased in vascularity, and filled with interstitial effusion; bronchial glands enlarged, and of a dense texture.	This patient is still in hospital. The œdema is removed, but it has been suc- ceeded by symptoms of irregular hyste- ria, under which she labours at pre- sent. Amenorrhœa for four months previous to fever.
			July 17th, Cured.		
Houlden, (Mary) at. 26. June 30.	Sciatica.	Good.	July 17th, Cured.		In this case the pulmonic affection entirely subsided when the symptoms of dysentery came on. The disease, although characterized by mucous and thorax highly vascular. Some fluid in the abdomen. Effusion like jelly between the layers of the mesentery and the colon. In- testines thickened. Increase of vascularity in the mucous membrane at the lower end of the small intestines: inflammation of the mucous membrane of the colon: many deep and jagged ulcers in the sigmoid flexure. In the rectum numerous small warty-like tumours, between which the mucous membrane was thickly studded with irregular ulcers.
			During con- valescence.	Good.	
Doyle, (Catharine) at. 25. June 30.	Œdema of feet and legs.	During con- valescence.	During con- valescence.	Good.	Small quantity of fluid in the ventricles, and under the arachnoid. Effusion in both cavities of the chest, and in the pericardium. Inferior portion of right lung adherent. Portions of pleura in the left cavity of the thorax highly vascular. Some fluid in the abdomen. Effusion like jelly between the layers of the mesentery and the colon. In- testines thickened. Increase of vascularity in the mucous membrane at the lower end of the small intestines: inflammation of the mucous membrane of the colon: many deep and jagged ulcers in the sigmoid flexure. In the rectum numerous small warty-like tumours, between which the mucous membrane was thickly studded with irregular ulcers.
			During fever.	For five days previous had cough, with haemoptysis.	
Connell, (Patrick) at. 20. July 1st.	Bronchitis succeeded by dysentery.	During fever.	During fever.	For five days previous had cough, with haemoptysis.	In this case the pulmonic affection entirely subsided when the symptoms of dysentery came on. The disease, although characterized by mucous and thorax highly vascular. Some fluid in the abdomen. Effusion like jelly between the layers of the mesentery and the colon. In- testines thickened. Increase of vascularity in the mucous membrane at the lower end of the small intestines: inflammation of the mucous membrane of the colon: many deep and jagged ulcers in the sigmoid flexure. In the rectum numerous small warty-like tumours, between which the mucous membrane was thickly studded with irregular ulcers.
			During fever.	For five days previous had cough, with haemoptysis.	

NAME, AGE, AND DATE OF ADMISSION.	DISEASE.	PERIOD OF ATTACK.	TERMINATION.		MOREBID APPEARANCES AFTER DEATH.	EXPLANATORY REMARKS.
			STATE OF HEALTH PREVI- OUS TO FEVER.	DATE OF DISCHARGE.		
Deyle, (Peter) at. 24. July 2.	Aphonia.	During conva- lence	Good.	July 20th, cured.		This patient is still in hospital, but convalescent.
Packenham, (Mary) at. 24. July 2.	Acute rheumatism.	During fever.	Good.			
Ashe (John) at. 23. July 4.	Painful ede- matous swell- ing of right leg and thigh.	During conva- lence.	Subject to occasional cough.	August 6th. Remitted to fever ward.		In this case the right groin was swelled, hard and painful when pressed. He was relieved by leeching, a few days after which, the swelling subsided. When remitted to the fever ward there was still slight oedema of the leg.
Mitchell, (Mary) at. 60. July 6.	General pains.	During fever.	Good.	July 17th, cured.		
O'Hara, (Francis) at. 30. July 6th.	Pain of left arm, with pa- ralysis of left hand.	During crisis.	Good.	July 17th, Eloped. Relieved.		The pain of the arm occurred on the night of crisis : paralysis on the follow- ing morning.
Cestello, (Arabella) at. 30. July 9.	General pains, with dyspepsia.	Pains during fever, dys- pepsia vicious.	Delicate.	August 31, cured.		

Lee, (James) æt. 60. July 10.	Œdema of legs and feet.	During con- valescence.	Good.	August 8th. Cured.
Begly, (Michael) æt. 60. July 10th.	General pains.	During fever.	Good. July 17th. Relieved.	
Farrell, (Hugh) æt. 35. July 15th.	Paralysis.	During con- valescence.	Good.	
Doolan, (Mary) æt. 41. July 15th.	General pains.	During fever.	Good. Aug. 3d. Cured.	
Warren, (Robert) æt. 40. July 15th.	Œdema of left foot and leg.	During fever.	Dyspeptic. July 28th. Cured.	
Connor, (Patrick) æt. 18. July 17th.	Œdema of feet and legs.	During con- valescence, from a third attack of fever.	Good. Aug. 1st. Cured.	

This, which was a case of paraplegia, occurred on the 2d day of convalescence from a relapse of fever. He had nearly recovered, the chief remedy being an issue on the vertex.

TERMINATION.	MORBID APPEARANCES AFTER DEATH.			EXPLANATORY REMARKS.
	DISEASE.	Period of attack.	Date of Discharge.	
2, 8. Name, Age, and date of Admission.	Edema of feet and legs, with ascites.	On the 4th day of a 3d attack of fever.	Ammonorr- hoea for four months.	July 29th. When admitted she laboured under diarrhoea, which, at the end of a week was succeeded by hemorrhage from the bowels for a day or two; on the 8th day the abdominal swelling suddenly increased; the umbilical region, presenting in some parts the appearance of florid petechiae; in the inferior portion of each lung unusual accumulation of florid leucant of pressure. The diarrhoea recurred, a considerable quantity of clear fluid turned and was attended with cough; in the abdomen; intestines much distended with flatus; liver enlarged and much hardened; investing membrane opaque in some spots.
				This girl seemed to owe her recovery to tar vapours, which she inhaled in a private ward.
	Horan. (Elizabeth) age. 17. July 20th.	Incipient phthisis	During a re- lapse of fever.	Aug. 20th. During convalescence.
	Talbot. (Patrick) age. 13. July 21st.	Edema of feet and legs.	Good.	This patient, upon the subsidence of the oedema, was seized with fever; the symptoms have not returned during his long convalescence.

Dysentery.	During convalescence.	Good.	Aug. 14th. Cured.
Downy, (Mary) a ^t . 40. July 28th.			
Connery (Mary) a ^t . 60. July 29th.	Edema of feet and legs.	During convalescence.	Recovering.
Taaffe, (Mary) a ^t . 36. July 20.	Dysentery.	During fe- ver.	<p>August 9th.</p> <p>Slight effusion in the ventricles between the convolutions, and in the basis of the brain. Large intestines full of ulcerations, which beginning by small and very numerous depressions in the mucous coat, became very large as they extended up the colon. In the lower part of the Ileum there were several ulcerations, three of which had penetrated through all its coats, but from the roughness of the serous membrane which surrounded the ulcers, the intestines seemed to have formed adhesions, and in this way the escape of their contents into the cavity of the abdomen was prevented.</p>
Lyons, (Francis) a ^t . 20. July 30.	Anasarca and Ascites.	During fe- ver.	<p>14th August, at his own de- sire.</p> <p>He was reported to have laboured under symptoms of dropsy when a child. In the present instance the dropsy ap- peared to be the consequence of mercurial irritation, under which he had laboured for a considerable time: his mouth was very sore when he came into the Whitworth Hospital. Symp- toms of scrofula were appearing when he was discharged.</p>

1818.	Name, Age, and date of Admission.	DISEASE.	TERMINATION.		MORBID APPEARANCES AFTER DEATH.	Date of Death.	Date of Discharge.	EXPLANATORY REMARKS.
			Period of attack.	State of health previous to fever.				
	Curry, (Catharine) at. 27. August 11.	Chronic Peripneu- monny.	During Con- valescence.	Subject to colds.		August 28th.		Amenorrhœa for six months. In hospital.
	Devine, (Richard) at. 12. August 11.	Hydrothorax & morbus coxæ.	During Con- valescence.	Good.	Serum in all the cavities ; 6 ounces in the bag of the arachnoid ; 3 oz. of pus and lymph in hip joint ; membrane round the neck of the femur vascular and thickened ; the joint fairly lodged in the acetabulum.			Right leg lengthened by $1\frac{1}{2}$ inch. Toe everted. Knee flexed. N.B. Acetabu- lum was sound, save at the edge of the depression, which was slightly eroded.
	Cusack, (Nicholas) at. 22. August 12.	General pains.	During fe- ver.	Good.				In hospital.
	Coffey, (Thomas) at. 36. August 12.	Chronic Rheumatism.	During Con- valescence.	Good.				In hospital.
	Sherlock, (William) at. 26. Aug. 13th.	Hydrothorax	During Con- valescence.	Good.				

AUG. 1978

